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ANNUAL REPORT

UPON THE

HEALTHINESS OF THE CITIZENS

AND ON THE

SANITARY CONDITION

OF THE

City and County of Norwich

FOR THE YEAR


1933

BY

THE MEDICAL OFFICER OF HEALTH.

NORWICH :

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HEALTH COMMITTEE

Lord Mayor :

ALDERMAN FRED. C. JEX, J.P.

Chairman :

MR. COUNCILLOR P. E. CURL.

Vice-Chairman :

COUNCILLOR DR. J. FLACK, M.B.

Members :

MISS ALD. M. M. CLARKSON,	MRS. COUN. L. F. HANCOCK
C.B.E., J.P.	MISS „ D. JEWSON
MR. „ W. B. GREENFIELD,	MR. „ G. G. MORSE.
J.P.	MR. „ E. J. MOTUM
MR. COUN. E. B. BLAKE, J.P.	(Sheriff).
MR. „ R. P. BRAUND.	MR. „ H. W. PALMER
MR. „ J. BROOKSBANK.	MRS. „ A. M. WITARD
MR. „ T. GLOVER, C.B.E.,	
J.P.	

The undermentioned are co-opted members for Blind Persons Welfare Business :

MR. R. C. FANTHORPE .. *Superintendent and Secretary of the
Norwich Institution for the Blind.*

MR. J. BRIGHTY
MR. G. W. H. WRIGHT } *Representatives of Blind Persons.*

Maternity and Child Welfare Committee

Chairman :

COUNCILLOR DR. J. FLACK, M.B.

Vice-Chairman :

MR. COUNCILLOR P. E. CURL.

Members :

As Health Committee, with the addition of three co-opted members, viz., Mrs. H. N. Holmes, Dr. Violet M. Jewson, and Mrs. A. E. Kent.

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PUBLIC HEALTH DEPARTMENT,
CHURCHMAN HOUSE,
68, ST. GILES' STREET,
NORWICH.

June 28th, 1934.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I beg to submit, as your Medical Officer of Health, the Annual Report for the year 1933. The order of the Report has been somewhat altered from the order suggested by the Ministry of Health.

The City's Birth Rate continues to fall, and this fall would have appeared greater than it does if the Registrar-General had not estimated, for some reason, that the Norwich population in 1933 was 500 less than it was in 1932.

There is some evidence that the corollary of the falling Birth Rate, namely, a rising Death Rate, is beginning to come into action. In fact, the City's general Death Rate did rise in 1933, but chiefly associated with the Influenza we had at the beginning of the year, not reaching quite the level of the 1929 outbreak, nevertheless very severe.

Financial stringency continued in evidence during the year, and in the paragraph of the Report dealing with Social Conditions the effect of this on the nutrition of the people is mentioned (see page 17). Associated with this, much time has been spent in endeavouring to reduce the costs of the Medical Institutions for which the Committee is responsible.

The most unsatisfactory aspect of the year's work has been the continued increase in Infantile Mortality and, as the economic conditions are perhaps relaxing a little, it is to be hoped that more strenuous efforts in this direction will become again possible. However, it is only fair to point out that the Infantile Mortality Rate has been largely affected by Influenza, and also by a certain amount of Dysentery which affected one of our Institutions. Moreover, the number of still-births again shows a satisfactory decrease.

Unfortunately, the Maternal Mortality has risen, though the number of deaths from Sepsis has decreased.

With regard to Infectious Diseases, Influenza was the striking feature in the early part of the year, but in the latter part of the year Scarlet Fever and Diphtheria came into prominence. In the part of the Report dealing with Infectious Diseases another reason for the alteration in behaviour of Scarlet Fever is suggested (see page 76).

A satisfactory feature of the year is the decrease in the notifications and deaths from Pulmonary Tuberculosis, which would doubtless have been better but for the Influenza. The Surgical Tuberculosis deaths rose very slightly, but the notifications rose remarkably, and this is chiefly due to the large increase of notifications of Glandular Tuberculosis from the voluntary hospitals. It is generally agreed that these are largely bovine in character and are associated with the consumption of tuberculous milk.

The housing position is slowly improving, and more rapid progress has been made during the year in conjunction with the removal of bad houses, and this is being actively pursued. There still remain unsatisfactory aspects of the housing question, and further powers with regard to overcrowding are required. This receives comment in the body of the Report (see page 39).

The numbers of the registered blind persons have increased slightly. In this connection the continued decrease in the number of notifications of Ophthalmia Neonatorum is of importance. For some years past I have been able to report that there has been no impairment of vision due to this disease, and this, without doubt, has favourably affected the number of children requiring admission to the Gorleston Special School. It is to be hoped that the activities of the recently started Ear Clinic will in time also lessen the numbers of deaf children requiring admission to that School.

The large question of hospital accommodation for the City has received the consideration which such an important subject requires. In this connection there was a change in the Public Assistance Medical Administration during the year (see page 25).

The Sanitary Inspectors' Department, which also carries out the collection and disposal of refuse, the Isolation Hospital and the Municipal Maternity Home, have each maintained an excellent standard and volume of work, which is detailed in the body of the Report.

An unusual experience in connection with the Water Supply and the general question of the Water Supply and its allied question, the emptying of cesspools, receive comments on pages 28—30.

Evidence was given before the House of Commons Select Committee with regard to the health provisions of the Norwich Corporation Act, 1933, which provisions are already proving useful.

The thanks of the Council are due to voluntary workers who have assisted, in some cases for years, at the Welfare Centres and Socials for the Blind.

My thanks are due to the various Committees for the support given during the year, and also to the members of my Staff, who have spared no pains in carrying out the work of the Department.

I refer with great regret to the death of Mr. T. F. O'Meara, Chief Sanitary Inspector, at an early age, and in active work. There is no doubt in my mind that his too early death was, at any rate, accelerated by his eagerness to return to work before he had completely recovered from a previous illness. In many ways he was a very able man, and I valued his collaboration highly.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

V. F. SOOTHILL,

*Medical Officer of Health
and School Medical Officer.*

STAFF OF THE PUBLIC HEALTH AND SCHOOL MEDICAL SERVICES, 1933.

PERMANENT WHOLE TIME OFFICERS.

V. F. SOOTHILL, M.A., M.D., B.Ch. (Cantab.), D.P.H., M.R.C.S. (Eng.),
L.R.C.P. (Lond.).

Medical Officer of Health and School Medical Officer;

Medical Superintendent, Isolation Hospital;

Adm. Tuberculosis Officer, and Adm. Maternity and Child Welfare Officer.

G. L. LEGGAT, O.B.E., M.B., Ch.B. (Ed.), D.P.H.

Deputy Medical Officer of Health.

G. W. RIDDEL, M.C., M.B., Ch.B. (Aber.), D.P.H.

Assistant School Medical Officer and

Assistant Medical Officer of Health.

MISS M. BOW, M.B., Ch.B. (Ed.), D.P.H.

Assistant Medical Officer of Health and

Assistant School Medical Officer.

R. B. BOSTON, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.

Clinical Tuberculosis Officer, Assistant Medical Officer of Health and

Assistant School Medical Officer.

MISS R. O. MORRIS, M.D., Ch.B. (Ed.), D.P.H.

Assistant Medical Officer of Health and

Assistant School Medical Officer and

Resident Medical Officer, Isolation Hospital.

MISS M. KEITH, M.B., Ch.B. (Ed.), D.P.H.

Assistant Medical Officer of Health and

Assistant School Medical Officer.

PART TIME OFFICERS.

G. MAXTED, M.D. (Lond.), F.R.C.S. (Eng.).

Ophthalmic Surgeon, three sessions each week.

N. S. CARRUTHERS, F.R.C.S. (Ed.)

Consultant Ear, Nose and Throat Specialist, Isolation Hospital (from September, 1933) and to the Education and Maternity and Child Welfare Committees.

Maternity Home.

A. CROOK, M.R.C.S., L.R.C.P. (Lond.).

Consultant Obstetrician to the Maternity and Child Welfare Committee

C. NOON, O.B.E., F.R.C.S., L.R.C.P. (Lond.).

Consultant Surgeon to the Maternity and Child Welfare Committee.

District Medical Officers under the Poor Law Acts.

The Districts were re-allocated from April 1st, 1933.

District	No.	1	*C. G. JOBBINS, B.A. (Cantab.), M.R.C.S. (Eng.), L.R.C.P.
„	„	2	*G. DAY, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P. (From April 1st, 1933).
„	„	3	*L. H. B. MILLS, M.B., Ch.B. (Ed.)
„	„	4	*R. K. BRYCE, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
„	„	5	*V. M. JEWSON, M.A. (Cantab.), M.B., Ch.B. (Man.).
„	„	6	*J. R. F. POPPLEWELL, M.R.C.S. (Eng.), L.R.C.P. (Lond.) (Until March 31st, 1933.)
„	„	„	*A. O'DONOVAN, M.B., B.Ch., B.A.O. (N.U.I.), L.M. (From April 1st, 1933.)
„	„	7	*J. S. WHITESIDE, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).
„	„	8	*A. W. TAYLOR, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Public Vaccinator.

J. BANNERMAN, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).

Venereal Diseases Clinics (At Norfolk and Norwich Hospital).

S. H. LONG, M.D. (Cantab.).

T. J. WRIGHT, F.R.C.S., (Ed.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

G. P. C. CLARIDGE, M.B., B.S. (Lond.), (Pathologist).

Veterinary Inspector.

(Under Diseases of Animals Acts and Orders, Milk and Dairies Act, 1915, and Milk and Dairies Order, 1926).

H. V. LOW, M.R.C.V.S. (Part Time).

Public Analyst.

W. LINCOLNE SUTTON, F.I.C. (Part time).

DENTAL OFFICERS (Whole Time).

C. R. KNOWLES, L.D.S. (Leeds), School Dental Officer.

G. S. WILLIAMS, L.D.S. (Eng.), Assistant School Dental Officer.

MATRONS.

Isolation Hospital :
MISS F. MORRISON.

Maternity Home :
MISS M. BEMBRIDGE.

HEALTH VISITING STAFF.

- 1 Inspector of Midwives.
- 9 Health Visitors and School Nurses.
- 2 Nurses engaged in the Dental and Minor Ailments Clinics.
- 1 Tuberculosis Visitor and School Nurse.
- 2 Home Teachers and Visitors of the Blind.
- 2 Infant Life Protection Visitors who also act as Assistant Lady Relieving Officers, etc.

All the Health Visitors hold the Certificate of the C.M.B.; 10 of them a Certificate in General Nursing Training, and 1 of them the Maternity and Child Welfare Certificate of the Royal Sanitary Institute.

There is also a clerk attendant in the dental clinic.

SENIOR SANITARY INSPECTOR.

T. O'MEARA, M.R.SAN.I., C.INST.C.S., M.S.I.A.
(Until July 28th, 1933.)

G. D. KIRBY, M.S.I.A., M.INST.P.C.
(from October 10th, 1933.)

DEPUTY SENIOR SANITARY INSPECTOR.

G. D. KIRBY, M.S.I.A., M.INST.P.C.
(until October 9th, 1933.)

SANITARY STAFF.

- 8 Inspectors ... All holding the Certificates of the Royal Sanitary Institute for Sanitary Inspectors and 7 holding the Certificate of the Royal Sanitary Institute for Inspectors of Meat and Other Foods.
- 1 Unqualified temporary assistant Inspector (from Nov. 10th, 1933).
- 2 Cleansing Inspectors and 1 Disinfection Inspector.

CLERICAL STAFF ... 16 Clerks.

*Officers in the service of the Public Assistance Committee.

Annual Report, 1933

STATISTICS.

Area (in acres) ...	...	...	...	...	7,898
Population (Census 1931) ...	...	...	...	...	126,236
,, Estimated middle of 1933 ...	...	...	...	...	126,100
Number of inhabited houses (end of 1933) according to Rate Books ...	...	...	...	...	35,963
Rateable Value ...	...	...	...	...	£649,882
Sum represented by a penny rate ...	...	...	...	...	£2,560

VITAL STATISTICS.

		Total.	M.	F.	
Live Births	Legitimate ...	1681	848	833	Birth Rate 13.98 per 1,000 of the estimated resi- dent population
	Illegitimate ...	82	40	42	
	Total ...	1763	888	875	

There is a continuation of the drop, the rates for the previous years being :—

1926	1927	1928	1929	1930	1931	1932
17.28	17.12	16.16	15.85	15.72	15.44	14.73

The Birth rate for England and Wales and for the 118 Great Towns for 1933 was 14.4 per 1,000 population.

Still births	Legitimate ...	54	33	21	Rate per 1,000 total (live and still) births 31.85
	Illegitimate ...	4	2	2	
	Total ...	58	35	23	

Deaths	1612	784	828	Death Rate 12.78 per 1,000 of the Estima- ted Resident population.
--------	-----	-----	-----	------	-----	-----	--

The Death rates for the previous years were :—

1926	1927	1928	1929	1930	1931	1932
10.6	12.16	10.81	13.95	10.95	12.09	12.08

The Death rate for England and Wales for 1933 was 12.3 and for the 118 Great Towns 12.2.

Maternal Mortality		...	...	From Sepsis	...	2	
				„ Other causes		4	
				Puerperal Sepsis.	Other Causes.	Total.	
Maternal Mortality Rate	...	...	per 1,000 Live Births	...	1.13	2.27	3.40
			per 1,000 Total (live and still) Births	...	1.10	2.19	3.29
The Maternal Mortality Rate for England and Wales was :—			per 1,000 Live Births	...	1.79	2.63	4.42
			per 1,000 Total (live and still) Births	...	1.71	2.52	4.23

The figures for the previous years were :

	1926	1927	1928	1929	1930	1931	1932
From Sepsis	2	1	3	2	5	3	3
„ Other causes	6	2	3	4	4	2	1

Infant Mortality Rate :—

All Infants per 1,000 live births	...	...	62.96
Legitimate Infants per 1,000 legitimate live births			62.46
Illegitimate Infants per 1,000 illegitimate live births			73.17

The Infant Mortality Rate for the previous years was :—

1926	1927	1928	1929	1930	1931	1932
53.1	62.7	40.5	74.9	44.6	54.64	56.30
Infantile Mortality Rate for England & Wales for 1933 was 64.0						
„	„	„	118 Great Towns	„	„	67.0
„	„	„	London	„	„	59.0

The illegitimate Infantile Mortality Rate was 73.17 per 1000 illegitimate live births.

The corresponding figures for previous years were :—

1926	1927	1928	1929	1930	1931	1932
33.0	93.8	30.3	70.7	75.47	72.16	114.58

The Infantile Mortality is worthy of analysis, and Table I. is of interest. Comments are made on page 64.

Deaths from Measles (all ages)	...	...	...	2
„ „ Whooping Cough (all ages)	...	...	...	6
„ „ Diarrhoea (under 2 years of age)	...	...	...	9

DEATHS FROM CANCER—1933.

	Site of Disease.		1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & over	Total
Mouth	1	—	—	1
Tongue	1	—	—	2
Jaw	1	—	—	1
Palate	—	—	—	3
Lip	1	—	—	1
Pharynx	—	—	—	1
Oesophagus	1	—	—	2
Stomach	1	—	—	1
Peritoneum	2	—	—	2
Bowels	—	—	—	—
Cæcum	1	—	—	1
Sigmoid	—	—	—	—
Colon	—	—	—	—
Rectum	2	—	—	2
Intestinal	1	—	—	1
Spinal	—	—	—	—
Abdominal	—	—	—	—
Larynx	1	—	—	1
Neck	—	—	—	—

The numbers of deaths from Diarrhoeal Diseases up to 2 years of age during the previous years were :—

1926	1927	1928	1929	1930	1931	1932
8	12	3	10	5	5	4

Tuberculosis. There were 93 deaths from Pulmonary Tuberculosis (death rate 0.73 per 1000 population) and 15 from Other Tuberculous Diseases (death rate 0.11 per 1000 population) .

The death rates for this disease for the previous years were :—

1926	...	(Pulmonary)	0.73	(Other Forms)	0.18
1927	...	„	0.87	„ „	0.20
1928	...	„	0.65	„ „	0.10
1929	...	„	0.80	„ „	0.14
1930	...	„	0.62	„ „	0.09
1931	...	„	0.61	„ „	0.08
1932	...	„	0.79	„ „	0.09

CANCER,

Malignant growths accounted for 222 deaths, with a death rate of 1.76 per 1000 population. The numbers of deaths in 1931 and 1932 were 200 and 211 respectively. The table on page 12 shows the ages at which death took place, and the sites of the disease.

INFANTILE MORTALITY OF EACH WARD IN NORWICH.

Ward.	Births registered, 1933.		Deaths under 1 year, 1933.		Infant Mortality Rate per 1000 Live Births.
Earlham	...	113	...	8	70.8
Heigham	...	99	...	3	30.3
Hellesdon	...	140	...	14	100.0
Catton	...	132	...	6	45.5
Mousehold	...	99	...	8	80.8
Westwick	...	127	...	5	39.4
Coslany	...	131	...	11	84.0
Fye Bridge	...	128	...	12	93.7
Thorpe	...	123	...	4	32.5
Eaton	...	68	...	4	58.8
Town Close	...	56	...	2	35.7
Lakenham	...	127	...	8	63.0
Nelson	...	67	...	2	29.9
St. Stephen	...	114	...	8	70.2
Conesford	...	102	...	9	88.2
Ber Street	...	136	...	7	51.5

TABLE I. Infantile Mortality.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks - 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
Common Infectious Diseases	Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria : Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping Cough ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	3
	Dysentery ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	3
Wasting Diseases	Gastro-Enteritis ...	—	—	—	—	—	1	2	2	—	—	1	—	—	1	—	1	8
	Premature Birth ...	22	2	1	2	27	3	—	—	—	—	—	—	—	—	—	—	30
	Congenital Defects ...	5	—	—	—	5	—	3	1	—	—	1	1	—	—	—	—	11
	Injury at Birth ...	2	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	3
	Want of Breast-Milk ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Diseases	Atrophy, Debility, Marasmus	4	1	1	1	7	6	—	—	—	—	—	—	1	1	—	—	15
	Improper Feeding ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculous Peritonitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tabes Mesenterica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Diseases	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Syphilis ...	—	—	1	—	1	—	1	—	—	—	—	—	—	—	1	—	2
	Rickets ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Convulsions ...	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	3
	Laryngitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Bronchitis ...	—	—	1	—	1	—	—	—	2	1	1	—	—	1	—	—	6
	Pneumonia ...	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1
	Broncho-Pneumonia ...	—	—	—	—	—	1	2	2	3	—	—	1	1	1	—	2	13
Suffocation, overlaying	Suffocation, overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other causes ...	3	2	—	—	5	1	—	—	1	—	2	1	—	—	—	1	11
		36	6	4	4	50	12	9	5	7	2	6	3	3	6	2	6	111

Causes of Death at different periods of life in the County Borough of Norwich during the Year 1933.

Causes of Death at different periods of life in the County Borough of Norwich during the Year 1933.

[illegible]

GENERAL.

LEGISLATION IN FORCE.

Adoptive and Local Acts: *Special Local Orders, Bye-Laws, and Regulations in force in the district relating to Public Health.*

Local Acts:—

1806—An Act for better paving, lighting, cleansing, watching, and otherwise improving the City of Norwich.

1825—An Act amending and enlarging the last-mentioned Act.

1867—City of Norwich Act.

1879—Norwich Improvement Act.

1889—Norwich Corporation Act.

1933—Norwich Corporation Act.

General Adoptive Acts:—

Baths and Wash-houses Acts, 1846 to 1899.

Public Health Acts Amendment Act, 1890.

Public Health Acts Amendment Act, 1907—Parts II, V, VI, VIII and IX, and certain sections in Parts III, IV and VII.

Public Health Act, 1925—Part II (Sections 13-33 inclusive), and Parts III, IV, and V.

Local Orders, Bye-Laws and Regulations:—

Orders as to Notification of Infectious Diseases:—

Cerebro-Spinal Fever, 1907.

Glanders, Anthrax and Hydrophobia in Man, 1909.

Ophthalmia Neonatorum, 1910.

Orders under Public Health Acts, declaring certain trades to be offensive trades, 1911 and 1922.

Bye-Laws:—

Prevention of Nuisances, arising from Snow, Filth, etc., 1859.

Common Lodging Houses, 1894.

Tents, Vans, Sheds, and Similar Structures, 1910.

Slaughter-houses, 1911 and 1927.

Offensive Trades, 1914 and 1922.

New Streets and Buildings, 1925.

Nursing Homes, 1928.

Houses-let-in-Lodgings, etc., 1929.

Smoke Abatement, 1929.

Regulations:—

Underground Sleeping Rooms, 1914.

SOCIAL CONDITIONS, ETC.

There can be no doubt that the social conditions, etc., of Norwich are improving, if slowly. The financial crisis came more or less to an official end by the end of 1933, and while this City has had a certain amount of unemployment in common with the rest of the country, and indeed almost the whole of the civilised world, yet in comparison with many other places it has not, as far as one can judge, suffered very badly. Moreover, while there is still a lot to be done in the way of housing, the large areas of new houses which have been built since the War and were still being built to a diminished degree in 1933 have, without question, improved the social conditions of several thousand people of this City.

Of about equal importance with the housing of the people is the nutrition of the people, and while much is already being done in the way of education to the public there is still a good deal required to enable, and to urge the population at large, to make the best use of the resources available to them. This must be a gradual process, and can only produce its best and total results after several years, or even generations. One of the difficulties is that though nutrition is a subject of fascinating interest and world-wide importance, not even the leaders of the medical profession would claim to know all that ought to be known about nutrition, and we are slowly stumbling out of the state of darkness which has led to many unfortunate results in the past from placing reliance on limited knowledge.

In the meantime, every grain of experience may be of value, and in that respect even the financial crisis may have had its value in enabling us to study the nutrition of the nation over a period of stress, and compare it with the standards attained in times of affluence. It is very difficult to get any sort of reliable estimate of the nutrition of the people beyond the general statement that we were a C.3 nation for the War, and probably still are. If dental caries is accepted as due to faulty nutrition either in the mother or child, the nutrition of over 80 per cent. of the population is faulty. However, the prevalence of dental decay is a semi-permanent condition, and not grossly affected by the crisis, and the only moderately reliable estimate of the effect of the financial crisis on the nutrition of Norwich is the number of children reported by the School Medical Service as being malnourished. The figures have been collected since 1925, and are shown as over:—

Malnutrition in the Elementary School Children of Norwich.

Year.	Examina- tions of children at School Inspections and Clinics.	No. of children referred from School Inspections and Clinics as under- nourished.	Percentage	Percentage of children found to require dental treatment after inspection by Dentists in the Schools.
1925	... 10,330	... 186	... 1.8	... 55.6
1926	... 11,272	... 133	... 1.18	... 42.8
1927	... 14,300	... 182	... 1.27	... 42.2
1928	... 14,527	... 186	... 1.28	... 43.6
1929	... 17,416	... 208	... 1.2	... 59.9
1930	... 16,662	... 198	... 1.18	... 77.2
1931	... 14,802	... 299	... 2.02	... 82.6
1932	... 15,857	... 276	... 1.74	... 73.4
1933	... 15,982	... 288	... 1.8	... 72.8

From a study of this table it is obvious that a considerably bigger proportion of children have been referred in the last 3 years as suffering from malnutrition than was the case formerly. There was a considerable rise between 1930 and 1931, and there has been a tendency to fall away later. It may be a remarkable coincidence that 1926 shows the smallest number of malnourished children in the series, but that was the year of the national industrial dispute, and was followed next year by an appreciable rise in the proportion of malnourished children. It will be perfectly obvious that these figures are open to many serious criticisms. In the first place, the state of a child's nutrition may be due not so much to causes acting at the time of investigation as due to ante-natal, neo-natal and infantile nutrition. Further, what is malnutrition? There is no definite and satisfactory standard, and all figures must be taken merely as estimates. Individual Medical Officers have personal standards and ideas, and even the same Medical Officer varies from time to time, for example, the assessment may be influenced by the psychological effect of a time of depression. However, over the period concerned in this series of figures there has not been much change in the Medical Staff, and quite an appreciable proportion of the Staff has been constant throughout. Therefore, these figures are probably as reliable as can be obtained in this method of investigation, and strongly suggest that the nutrition of the Norwich population has been adversely affected by the economic conditions in spite of the comparatively generous arrangements made by the Council.

There is a certain amount of corroborative evidence. If the table on page 71 showing the number of still-births and the number of neo-natal deaths registered is looked at, it will be seen that 1931, when the national depression began to develop fully, was marked by a remarkable rise in lives lost, particularly among the still-births, which rise is obviously out of place in the table. (The figures before 1929 are not available.) On the other hand, the infantile deaths between one month and one year have risen appreciably, and this may be due to the continuation of economic distress. This item of evidence is subject to certain considerations, namely, the prevalence of severe influenza in 1929, and to a less extent in 1933. The percentage of school children found to require dental treatment, as shown in the table above, may tend to corroborate the above estimate of the effect of nutrition on the population, but in this case it will be seen that the percentage rose in 1930 before the acute stage of the financial crisis developed, and, furthermore, there was a change in the Dental Staff in 1930, and a further change has since occurred.

With regard to Tuberculosis, the Chart showing the deaths and death rates in the Tuberculosis Section of the Report shows a rise in the number of deaths in 1927, following the industrial dispute in 1926, and an even bigger rise in 1932, the economic stringency presumably killing off the weaker members of the tuberculous community, while the rise in 1929 was associated with the outbreak of very severe influenza.

Taking all these factors into consideration, it is highly probable that the period of acute financial depression has had an adverse effect on the health of the Norwich population, and in the absence of means to obviate these depression periods, it behoves us to use our available resources to the best of our ability, and to study the science and art of this subject.

Special Noteworthy Sickness.

There was no special noteworthy sickness during the year beyond an influenza epidemic of unusual severity in the early part of the year.

LABORATORY FACILITIES.

The examination of swabs and specimens for Diphtheria and Widal Reactions respectively are carried out at the Isolation Hospital (see page 94) ; the examination of Sputum is also carried out at the Hospital, and at a small laboratory which has been

established at the Public Health Offices; 696 specimens were examined at the latter by the Clinical Tuberculosis Officer. More complex pathological examinations are made by private pathologists in the City.

AMBULANCE FACILITIES.

(a) **For Infectious Diseases.** A motor ambulance and a motor van with a body which, in emergency, can be used as an ambulance are kept at the Isolation Hospital, available for use within the City. When the Committee purchased the motor ambulance they decided to retain one horse-drawn ambulance, which is kept at the Smallpox Hospital. The motor ambulance is occasionally used for bringing in Infectious Disease cases from neighbouring districts, for which a charge is made.

(b) and (c) **For Non-Infectious, etc., Cases.** The Police have three motor ambulances available for accident and other cases, and the British Red Cross Society also maintain two motor ambulances, the latter being chiefly available for residents of a large area outside the City.

NURSING IN THE HOME.

(a) **General.** There is the Norwich District Nursing Association, better known as the Cavell Home, from which nursing is provided on the application of Doctors, the Local Authority, District Visitors, and others; there is also the Norfolk and Norwich Hospital Staff of Trained Nurses, and the Norfolk and Norwich Staff of Nurses from which nurses can be obtained; a Nurses' Co-operation Society and the Nursing Sisters of the Poor (Little Sisters of the Assumption). There are, in addition, a few nursing homes in the City, whence nurses are at times sent out.

(b) **For Infectious Diseases.** The above agencies send out nurses if required. The Corporation have an arrangement with the Norwich District Nursing Association for the nursing of cases of Measles and Whooping Cough (under five years), Ophthalmia Neonatorum, Influenza, Puerperal Fever and Puerperal Pyrexia, Tuberculosis, and Acute Primary and Acute Influenzal Pneumonia. The grant made to this Association by the Local Authority for these services is £150 per annum, and the cost is divided between the Committees concerned according to the number of visits paid.

CLINICS AND TREATMENT CENTRES.

School Clinics are held at Churchman House on Monday, Wednesday and Friday afternoons, and "Minor Ailments" are seen and treated every morning. Eye Clinics are held at

Churchman House three times a week by the Ophthalmic Surgeon, with additional sessions as occasion demands. The Dental Clinic is held every day, and the Ringworm Clinic once a week.

Children with discharging ears, residing in a certain area, are seen at Churchman House, as occasion demands, by N. S. Carruthers, Esq., F.R.C.S., Ear, Nose and Throat Specialist. Treatment is carried out daily in the schools by a trained nurse.

Venereal Diseases Clinics are held on Tuesday mornings and Friday evenings, in a special portion of the Norfolk and Norwich Hospital Out-patient Department, where irrigation is carried out daily, as is special treatment by appointment. 1356 specimens were sent to the laboratory at the Norfolk and Norwich Hospital, 903 being from the Clinics. The following table gives particulars of attendances, etc., of Norwich persons at the Clinics during the year:—

the year :—		Syphilis.		Gonorrhœa.		Conditions other than V.D.		Totals.		
		M.	F.	M.	F.	M.	F.	M.	F.	Totals.
Under treat- ment or obs.										
Jan. 1st ...	83	44	294	60	1	2	378	106	484	
Removed from Register pre- viously but returned ...	2	—	4	3	—	1	6	4	10	
Dealt with for the 1st time...	37	27	70	42	1	4	108	73	181	
Dealt with for the 1st time but had treatment elsewhere ...	3	2	2	2	—	—	5	4	9	
Totals ...	125	73	370	107	2	7	497	187	684	
Total attend- ances ...	652	867	4342	663	3	10	4997	1540	6537	

The table on page 22, which has been provided by the Medical Officer of the Clinics and to which I have added the deaths of children under 1 year of age from Congenital Syphilis, and the number of notifications of Ophthalmia Neonatorum received for the same period, shows the work which has been done.

The Tuberculosis Dispensary is at Churchman House, and is referred to on page 98. **Clinics** held under the **Maternity and Child Welfare Service** receive comment on pages 62—64.

VENEREAL DISEASES.

Norwich Persons treated at the Norfolk and Norwich Hospital.

Year.	NEW CASES.			Total Attendances.	SYPHILIS.				GONORRHOEA.		Deaths under 1 year of age from Congenital Syphilis.	Notifi- cations of Oph- thalmia Neonato- rum received.
	Syphilis.	Gonorr- hoea.	Not V.D.*		Total.	Total Injec- tions of Arseno- benzene com- pounds.	Cured.	Ceased attend- ing.	Cured.	Ceased attend- ing.		
1918	53	53	7	113	1153	253	1	13	12	17	7	22
1919	98	131	* 19	248	1947	398	—	12	11	8	5	28
1920	78	123	29	230	2527	669	4	8	18	8	5	31
1921	74	99	† 35	208	2487	787	6	27	23	25	6	17
1922	52	87	43	182	3327	643	6	17	23	36	5	10
1923	36	70	38	144	4806	816	33	55	49	36	2	22
1924	37	77	33	147	6338	549	47	78	63	76	1	12
1925	33	81	23	137	5774	555	49	41	92	42	2	
1926	29	89	47	165	4882	382	31	34	63	35	2	15
1927	58	99	33	190	4558	596	25	19	63	45	2	16
1928	44	113	23	180	3424	723	34	40	43	51	—	22
1929	63	104	22	189	6326	761	27	32	51	31	2	19
1930	71	117	14	202	7519	963	26	29	56	32	1	19
1931	55	98	12	165	6895	893	19	23	46	21	1	18
1932	58	103	5	166	5886	857	19	22	44	31	2	17
1933	69	116	5	190	6537	1000	21	14	74	35	2	11

N.B.—Included under heading “ceased attending” are cases transferred to other doctors or clinics.

* Includes 6 cases of Soft Chancres.

HOSPITALS USED BY INHABITANTS OF THE AREA.

(a) **The Norfolk and Norwich Hospital.** This Institution is supported by voluntary contributions, payments by the Local Authority for the treatment of certain conditions, and by payments by patients. It has a total of 392 beds, including 22 for eye cases. 6756 patients received treatment during the year, an increase of 470 compared with 1932; the daily average number of beds occupied was 343, compared with 342 in 1932. The average length of stay of each patient decreased from 21.1 days to 19.4 days. 18,607 new patients attended the Out-Patient Department, 455 more than in the previous year.

The Education Authority has an arrangement with this Hospital for the admission of school children for the operative treatment of tonsils and adenoids, and the Council made certain payments for the treatment of Tuberculosis patients. Norwich persons suffering from Venereal Diseases are also treated at this Hospital, jointly with those from Norfolk, East Suffolk, and Great Yarmouth. The Corporation also makes a subscription to the Hospital.

(b) **The Jenny Lind Hospital,** which works in close co-operation with the Norfolk and Norwich Hospital, has 80 beds and admits boys up to ten years, and girls up to twelve years of age, not suffering from an infectious or contagious disease. A limited number of children under the age of two years are admitted at the discretion of the Committee of Management. It is supported by voluntary subscriptions, and payments by patients and the Local Authority. 1503 patients were admitted during the year, the daily average number of beds occupied being 52. 3080 new cases attended the out-patient department. The Education Authority has an arrangement with this hospital for the admission of children for the removal of enlarged tonsils and adenoids. Certain payments were made by the Local Authority for the treatment of surgical tuberculosis. The Council also subscribes to the funds of the hospital.

(c) **The Public Assistance Institution.** This Institution was transferred to the control of the Council on April 1st, 1930. It is provided with one operating theatre, and a diathermy and ultra-violet light apparatus. The senior Medical Officer states that the undermentioned accommodation was provided, being liable to vary from time to time as the needs of the Institution at any moment dictate:—

INFIRMARY.

No. of Beds in the Infirmary on December 31st, 1933 ... 308
 Daily average No. of Patients during the year 1933 ... 238.64

	Number of Beds.	Children's Cots.	Total.	Daily average number of Patients.
<i>Male Hospital.</i>				
Wards ...	127	—	—	105.96
Shelters ...	13	—	140	
<i>*Female Hospital.</i>				
Wards and Balconies	108	48	156	127.3
<i>Maternity.</i>				
Labour Wards	2	—	—	
Wards ...	5	5	12	5.38
TOTALS ...	255	53	308	238.64

*The female hospital was built to accommodate 117 patients, including maternity cases. The accommodation has been increased to 168 beds, by placing beds and children's cots in the wards and on the balconies—causing inevitable overcrowding.

HOUSE.

Department.	Number of Beds.	Daily average number of patients..
Nursery ...	30	10.1
Female Infirm ...	111	99.0
Male Infirm ...	109	85.3
Female Mental ...	60	39.1
Male Mental ...	50	34.8

The above accommodation varies according to requirements.

(d) **The Isolation Hospital**, under the control of the Health Committee of the City Council, has 94 beds, allowing 144 square feet per bed, but actually more are accommodated. 24 beds are allocated for cases of advanced pulmonary tuberculosis. The work done by this Institution is referred to on pages 88—94.

(e) **The Mental Hospital** is situated at Hellesdon, outside the City Boundary and in the St. Faith's Rural District, and is under the control of the Mental Treatment Committee of the City Council. The Medical Superintendent kindly gives me the following particulars. There should be, nominally, 259 beds for males and 376 for females, but actually there are 314 beds for males and 387 for females. 58 beds are occupied by patients

from King's Lynn, and 114 from Great Yarmouth. The hospital is provided with a laboratory. Dental treatment is carried out at the hospital by a visiting Dental Surgeon.

(f) **Accommodation for Mental Defectives.** (See page 27).

(g) **The City of Norwich Maternity Home** has 15 beds; the particulars of the work done during the year are given on pages 60—61.

(h) **The Smallpox Hospital** is on the Salhouse Road. There are 16 beds, allowing 144 square feet per bed, some of the accommodation previously allotted to patients now being necessary for staff, and an observation block of four beds. The hospital is wholly supported by the Council (see page 94).

(i) **Tuberculosis Sanatoria.** The extent to which tuberculosis sanatoria were used during the year by inhabitants of the City is referred to in that part of the Report which deals with Tuberculosis (see pages 100—102).

LOCAL GOVERNMENT ACT, 1929.

Institutional Medical Services. For several years the Public Assistance Institution has been recognised by the Central Midwives Board as a training school for midwives, but arising out of an application for the approval of the new Superintendent Nurse as Midwifery Teacher, the Board withdrew their approval of the Institution as a training school in view of the fact that the pupil midwives did not devote the whole of their time to midwifery during their training. Consequently, the Institution has ceased to be a training school for this purpose.

The resolution of the Public Assistance Committee dated January, 27th, 1930, stating that the control of the Nursing and Administrative Staff of the Hospital be placed under the Medical Officer of Health, normally acting through the Senior Medical Officer of the Institution, was rescinded during the year.

Poor Law Medical Out-Relief. The Report for the year 1932 stated that the question of re-arranging the medical districts was under consideration. In consequence of the redistribution of the

Electoral Wards, it was felt desirable that the Relief Districts should be re-arranged so that they are coterminous with the Wards of the City as was the case in the past.

At the same time, it was felt desirable that the Medical Districts should be re-arranged so that they are coterminous with the Wards and not the Ecclesiastical Parishes. The arrangement of the Medical Districts had proved in practice very inconvenient. No serious inconvenience had been caused during the short time that the Relief Districts had not been coterminous with the Wards of the City, but as time goes on inconvenience would undoubtedly arise if the position was allowed to continue.

From April 1st, each of the four Relief Districts was divided into two Medical Districts, and an additional District Medical Officer was appointed so as to dispense with the arrangement, in one case, of one Medical Officer serving two medical districts. Persons requiring medical out-relief make their applications through the appropriate Relieving Officers, who issue notes to be taken to the District Medical Officers.

During the year the District Medical Officers paid visits to or received visits as under from persons needing relief:—

From January 1st to April 1st.

	District No :—							
	1	2	3	4	5	6	7	8
Attendances at surgery or Medical Officer's residence ...	252	73	96	119	360	131	71	199
Attendances at patients' houses ...	78	137	161	177	143	68	234	110
Occasions on which Medicine was supplied without seeing the patient ...	—	18	90	21	112	51	82	20
Total to April 1st ...	330	228	347	317	615	250	387	329

From April 2nd to December 31st.

District No :—

	1	2	3	4	5	6	7	8
Attendances at surgery or Medical Officer's residence ...	525	415	514	402	373	616	264	791
Attendances at patients' houses ...	258	346	583	207	174	461	286	196
Occasions on which Medicine was supplied without seeing the patient ...	238	65	243	81	77	126	17	11
Total to Dec. 31st ...	1021	826	1340	690	624	1203	567	998
Grand Total ...	1351	1054	1687	1007	1239	1453	954	1327

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The Council provides accommodation at Eaton Grange Certified Institution, situated at Unthank Road, for 30 high grade female adult mental defectives and 7 juvenile cot and chair cases.

The Council has also made arrangements with the Norfolk County Council for the reservation of 80 beds at Little Plumstead Hall and Heckingham, and for 18 beds at the Royal Eastern Counties' Institution, Colchester.

An occupation centre has been established at Eaton Grange, and is held in a building specially erected for the purpose. The centre is in charge of the Committee's enquiry officer and visitor, and is open on the morning of each week-day (Saturday excepted). There was an average attendance of 12.

Sanitary Circumstances of the Area.

WATER.

The water supply, obtained from the river Wensum, and controlled by the Local Authority, is constant, and was adequate in amount throughout the year. The water is subjected to sedimentation, aeration and slow sand filtration. Monthly bacteriological and chemical examinations of the City's supplied water, and quarterly examinations of river water and water from the sedimentation reservoir, before filtration, are made, with additional examinations if necessary.

A deterioration in the bacterial quality of the supply was detected in November—coliform organisms being present in 10 c.c. The onset of the deterioration coincided with the commencement of the rapid dredging of the river, and with the arrival of gulls at the pumping station and upon the filters. Suspicion was at first attached to the gulls, and arrangements were made for scaring them, but this produced no effect. This weighed the balance decisively towards the alternative factor, viz., the dredging. Further samples were taken, the examination of which showed that the position was getting still worse, and it was decided as an urgent measure and, perhaps temporarily, to adopt chlorination. It was later found that many of the coliform organisms were of the *Aerogenes* type, and it is probable that these had been present since November.

The dredging operations which were in operation differed from the methods of previous years in that they were being done by a modern type of dredger, which is much more rapid and drastic in its action than the old type. An immense quantity of foul material is stirred up from the bed of the river, removed and deposited upon the banks. The bulk of it is black and very offensive.

A few dwellings in the outlying parts of the City still draw water from wells. 5 samples of water were examined from three wells. 3 samples concerning two wells were certified as being dangerous to health and totally unfit for drinking purposes. In one case the cottages using the well were subsequently connected with the Council's water supply, and taps were provided. In the other case the Council's water supply was

available, and an order was obtained from the Magistrates for the pump to be abolished. The water from the other well had to be regarded as satisfactory. 99.9 per cent. of the population are supplied by the Council.

The Water Engineer kindly reports that works of extension of water mains have been carried out during the past year to the extent of 7 miles 842 yards, making the total length connected with the system 176 miles 1195 yards.

No satisfaction can be expressed with regard to the conditions prevailing near the river in the neighbourhood of Hellesdon. There are in this neighbourhood many cesspools, which represent a potential danger to the water supply. Some are within the City, but the biggest number are without the City boundary. Representations have been made for some years now that the matter requires to be put in order, but unfortunately three Committees of the Corporation are concerned, outside Authorities are concerned, and the question was raised in connection with the Norwich Corporation Act, 1930. As all connected with Local Authority work will realise, this has meant considerable delay. Some of the cesspools were rendered impervious by one of the Committees concerned between February and December, 1933, and they were emptied by bucket and cart methods at night under the supervision of the Sanitary Department at the request of the appropriate Committee. This method had the sole merit of ensuring that the contents of the cesspools were deposited in safe places, but it was found too expensive for the Committee concerned. Now the work is done by contract, so that supervision of the disposal of the contents is practically impossible, and it is not surprising at all that we have had complaints from the residents of the area about this method. The remedy is obvious, and a proper sewerage scheme is the only method which can be considered really satisfactory. However, as this may well be considered impracticable at the moment, the best alternative is the regular adequate emptying, under proper supervision, by efficient mechanical means, of the cesspools, and safe disposal of the contents; and there would be no difficulty in putting that in hand at once if the decision were made. It is true that there is at the moment very little evidence of serious pollution of the river from these cesspools, but it is becoming more recognised by students of the subject that every effort should be made to insist on, and safeguard, the purity of our water supply and the condition of our rivers. In this connection, it is almost

incredible at this stage of our civilization that there still appear to exist people who are prepared to suggest that because the water is now being chlorinated there is no need to take the precautions necessary to safeguard the purity of the river. It is hardly necessary to say that such methods of dealing with the problems of health matters have been proved to be "will-o'-the-wisps," and the only satisfactory method of dealing with essential supplies is to struggle after a source of the utmost purity and to safeguard the channels of the supply from beginning to end.

DRAINAGE AND SEWERAGE.

Sewerage Works.

The City Engineer reports that during the year important progress has been made in improving the efficiency and sufficiency of the sewerage system in the City, comprising the following:—

The systematic inspection, flushing, and cleansing of all sewers.

The reconstruction of sewers found upon examination to be defective in the undermentioned streets:—

Ber Street, All Saints Green, Princes Street, Davey Place, St. Anne's Lane, Grapes Hill, Mariners' Lane, Compass Street, Arthur Street, Sherbourne Place, Back Passages between Morley Street and Anchor Street.

The sewers have been extended in Ipswich Road.

Surface water flood relief schemes have been carried out in Ashby Street and Church Lane, Eaton.

Sewers have been laid on Mill Hill Housing Estate and upon an extension to Catton Grove Housing Estate.

The construction of several manholes, and the conversion of catchpits into manholes.

Extensive main drainage works are in progress, known as the Wensum Valley (South) Main Drainage Scheme, which drains an area of approximately 365 acres for the purpose of sewage, and approximately 395 acres for surface water. Over 11 miles of sewers from 6 ins. diameter to 5 ft. 0 ins. diameter are included in the scheme, also about 2 miles of house drains in the conversion from cesspool drainage to sewer. When this scheme is completed, a very large number of cesspools will be done away with.

Sewage Purification.

The Corporation have under consideration the complete remodelling of the sewage treatment works at Whitlingham.

RIVERS AND STREAMS.

Below the intake at Heigham, the Wensum meanders through the City to join the Yare at Trowse. It is subjected to surface pollution, and to the influx of waste water. On its banks are situated breweries, the gas works, starch mills, etc., but the pollution is not palpably of a gross character.

CLOSET ACCOMMODATION.

During the year 3 privy pans were abolished and 1 was converted into a water closet.

The number of conversions for the 5 previous years are as follows :—

Year.			Privy Bins.	Privy Pans.
1928	...	...	2	21
1929	...	...	7	22
1930	...	...	4	3
1931	...	...	—	6
1932	...	...	2	4

At the end of the year there were 89 privy pans and 19 privy bins in the City, the remainder of the premises being supplied with water closets.

PUBLIC CLEANSING.

The Senior Sanitary Inspector reports as follows :—

Collection and Disposal.

All house and trade refuse is collected by a fleet of 17 petrol vehicles. All premises receive at least a weekly service, whilst Hotels, Restaurants, etc., have their refuse removed four times weekly.

During the year 64 loads of privy bin and 308 loads of cesspool refuse were removed by the night waggons, and 116,673 cubic yards of house and trade refuse in the day time.

The privy bin refuse was disposed of to neighbouring farmers, the cesspool refuse was discharged into the sewer head, whilst the house and trade refuse was disposed of at Refuse Tips by controlled tipping.

During the year we commenced tipping refuse on 2 additional sites in the City, at Wolfe Road and Dereham Road respectively, for the purpose of levelling the sites to a uniform level with the surrounding land. Tipping at Wolfe Road was commenced on May 5th, and is being done at the request of the Parks and Gardens Committee, and work at the Dereham Road tip was commenced on August 29th at the request of the Public Assistance Committee. Work on both these tips was still proceeding at the end of the year.

The following shows the amount of house and trade refuse collected and taken to the tips by the various kinds of vehicles:—

Vehicles.	Harford.	Wolfe Rd.	Dereham Rd.	Total.
	c. yds.	c. yds.	c. yds.	c. yds.
Morris ...	45,862	21,190	2,998	70,050
S.D. Freighters ...	29,169	—	—	29,169
Ford ...	15,132	—	2,322	17,454
	<hr/> 90,163	<hr/> 21,190	<hr/> 5,320	<hr/> 116,673

2,103 cubic yards were paper collected in bags, and are included in the above figures.

<i>Costing.</i>	1932	1933
	Average of 83 County Boroughs.	Norwich Norwich. (Approx.)
<i>Collection :—</i>		
Cost per 1,000 population ...	£128	£124
Cost per 1,000 houses ...	£516	£428
Cost per collection per house per week ...	2.38d.	1.97d.
Cost per ton ...	8/8d.	9/6d.
<i>Disposal :—</i>		
Cost per 1,000 population ...	£59	£42
Cost per 1,000 houses ...	£232	£144
Cost per ton ...	4/2d.	3/3d.

The cost of refuse collection shows a slight decrease in the completed returns for 1933 as against 1932. Although the Norwich cost per ton for collection is above the average, it will be seen that the cost per 1,000 of the population and per 1,000 houses is below the average. The explanation of the comparatively high cost per ton is seen when we note that the average weight per 1,000 of the population per day for the 83 County Boroughs is 16.7 cwts., whilst in Norwich it is only 14.3 cwts. We have to deal with bulk, which gives comparatively little weight, and this adds to the difficulty of disposal.

Cleansing of Earth Closets, Privies, etc.

There are still a few of these left. At the end of 1933 we had 89 privy pans and 19 privy bins; the premises at which 80 pans and 19 bins are situated have no sewer available. Privy pans are emptied weekly, and privies when necessary.

Cesspools.

There are 333 cesspools in the City, and these are outside the sewerage system. This is an increase on the number previously existing, which is due to the building of houses on the outskirts of the City. Cesspools are emptied on request by hand labour using pails. Ten cesspools, which are in close proximity to the river and just above the City's water intake, were rendered impervious by the Water Department, and are now being emptied by them by contract.

The total number of cesspools in the City zone of protection along the river banks, including one cesspool in the County, is 33, to which should be added two more situated just outside the zone but on the slope leading down to the river. Of this number, 14 will eventually be taken up by the South Wensum sewer scheme, leaving 21 cesspools (comprising 6 on the Lower Hellesdon Road and 15 in the Hellesdon area—10 of the latter 15 are those now being emptied by the Water Department). In addition, there are 7 soak-aways.

SANITARY INSPECTION OF THE AREA.

The following is a summary of the principal work of the Sanitary Department during the year, and action taken under the various Public Health and Housing Acts or Bye-Laws:—

- 3,699 Nuisances detected.
- 656 Notices served by order of the Health Committee.
- 1,413 Preliminary Notices served.
- 8,514 Premises reinspected.
- 3,505 Nuisances have been abated.
- 1,904 Special complaints have been received, and the premises have been inspected.
- 252 Letters sent in order to obtain the abatement of Nuisances, etc.
- 69 References to the City Engineer.
- 15 References to the City of Norwich Waterworks.
- 377 Special reports *re* overcrowding and unfit houses.

The following are the principal matters that have been dealt with :—

- 20 Insufficient Closets.
- 161 Unpaved yards and passages.
- 51 Defectively paved yards and passages.
- 309 Choked and defective drains.
- 734 Insufficient dust receptacles.
- 237 Defective waterclosets.
- 4 Dirty houses.
- 5 Animals kept so as to be a nuisance.
- 1,269 Defective house roofs, floors, walls, etc.
- 14 Foul accumulations.
- 101 Defective eaves gutters and rain-water pipes.
- 35 Sinkwaste pipes defective or not disconnected.
- 85 Insufficient sinks.
- 53 Insufficient water supply.

In 1 case, proceedings were taken against an occupier for keeping the house in an unclean condition. The Magistrates granted an order for the work to be carried out within 2 months. This was done.

SMOKE ABATEMENT.

369 smoke observations have been taken.

In 5 cases black smoke issued from the chimneys of five firms for more than two minutes in the half hour; letters of warning were sent. Subsequent observations taken were satisfactory.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Houses-Let-in-Lodgings.

19 letters have been sent to owners of houses-let-in-lodgings requesting the execution of certain repairs and alterations to make the premises comply with the requirements of the Bye-Laws.

5 Statutory Notices have been served under the Bye-Laws on owners who have failed to comply with these requests.

Common Lodging Houses.

The three common lodging houses were visited weekly and found to be conducted in a satisfactory manner.

Offensive Trades.

Fish Friers	...	...	...	89
Dealers in Rags, Skins and Bones	...	...	...	15
Fellmongers	...	...	...	2
Fat Melter	...	...	...	1
Tripe Boiler	...	...	...	1
Waterproofing	...	...	...	1
Total	...	...	...	109

During the year 222 inspections of these premises were made.

Tents, Caravans and Sheds.

11 inspections of tents, caravans and sheds have been made and in most cases proper sanitary conveniences and sufficient water supply were required as specified in the Bye-Laws.

Underground Sleeping Rooms.

The Council prescribed Regulations under the Housing Town Planning, etc., Act, 1909, for the control of underground sleeping rooms. I know of no underground sleeping room in the City which does not comply with the Regulations.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.**Piggeries.**

41 visits have been paid to piggeries, and repairs carried out at the request of the Inspectors.

Sanitary Conditions of Theatres, Music Halls, etc.

During the year 10 inspections were made, and on the whole the conditions were found to be satisfactory.

Meetings of Owners and Tradesmen.

683 meetings have been held.

House Drains.

During the year 295 drains were tested or examined, and 136 found to be defective. 97 were reconstructed. 48 notices were served. In addition, 64 drains were tested or examined in Slum Clearance areas, etc., and 40 found to be defective.

Rats and Mice (Destruction) Act, 1919.

During the year the following work has been carried out:—

Complaints received	...	...	394
Number of new contracts signed (the occupier agreeing to pay for the services of the rat-catcher at the rate of 2/6d. per hour)	...	...	40
Number of baits laid—			
Free service	...	...	39,303
Contract service	...	...	2,879
			42,182
Number of rats known to be killed—			
Free service	...	...	2,965
Contract service	...	...	49
			3,014

In addition to poison, baits, dogs and ferrets, the gas machine with Cyanogas poison has been used on 150 occasions.

Shops Acts.

115 visits were made to shops, to see that the requirements of the above Acts were carried out.

Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

The necessary inspections for carrying out the Order as far as it refers to bakehouses, making of wearing apparel where there is Scarlet Fever or Small-Pox, and home work where there is infectious disease, have been made.

Factories and Workshops.

Total number of Workshops in the City	...	340
Number of new Workshops inspected	...	25
Total number of Factories in the City	...	492
Number of Outworkers' Premises visited	...	500

INSPECTION : —

Premises.	Number of		
	Inspection.	Written Notices.	Occupiers Prosecuted.
Factories ... (Including Factory Laundries)	15	—	—
Workshops ... (Including Workshop Laundries)	455	—	—
Total ...	470	—	—

DEFECTS FOUND :—

Particulars.	Number of Defects.			Number of Offences in respect of which Prosecutions were instituted
	Found.	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness ...	12	12	—	—
Want of Ventilation...	—	—	—	—
Overcrowding ...	—	—	—	—
Want of Drainage of Floors ...	—	—	—	—
Other Nuisances ...	1	1	—	—
<i>Sanitary Accommodation:—</i>				
Insufficient ...	5	5	—	—
Unsuitable or defective	10	10	—	—
Not separate for Sexes	3	3	—	—
Total ...	31	31	—	—

Offences under the Factory and Workshops Acts—Nil.

(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

In no instances were the premises of outworkers engaged in the making of wearing apparel found to be unwholesome.

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

Disposal of the Dead.

There are two Cemeteries in the City, one of which is controlled by the Council. The arrangements for the disposal of the dead appear to be adequate, but it seems desirable that crematorium provision should be made in a City of 126,100 population, in order to give facilities for those who fancy that method of disposal.

RAG FLOCK ACTS, 1911 and 1928.

Rag flock is manufactured at one wholesale factory in the City and five other premises use rag flock in the process of their business.

7 samples were taken from these premises during the year, all of which were certified genuine.

Periodical inspections have been carried out at these premises during the year, and no infringement of the regulations was found.

SCHOOLS.

As some of the older schools have been closed and new schools erected on the new housing estates in recent years, the general standard of the conditions at the schools is improving.

The closets are of the flush variety and are generally satisfactory. The equipment in the more modern schools is good and adequate. Heating is provided by open fires, stoves, hot water pipes, and in two special schools, by a system of general under-floor radiant heating. Up-to-date drinking arrangements have been installed in almost all the schools.

In dealing with infectious diseases the recommendations given in the Memo. issued by the Ministry of Health and Board of Education in 1927 were followed, with the exception of Rubella (German Measles) and Chickenpox, for which diseases contacts were not excluded. In this matter the Medical Officers, Sanitary Inspectors, School Nurses, Teachers and School Attendance Officers co-operated. When necessary, special visits by the Medical Officers were made to a particular school or class.

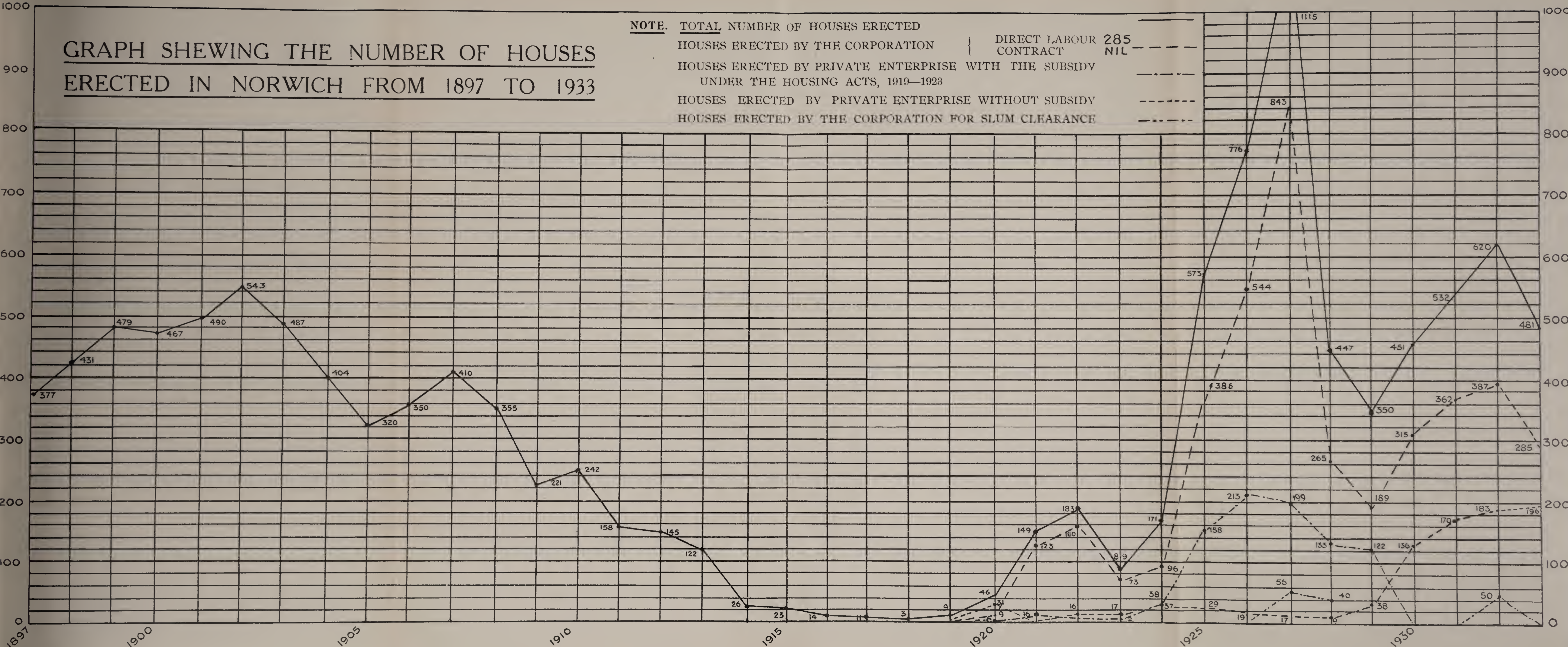
Diphtheria affected several schools during the year, but while there was a welcome decrease on the number of school cases notified in 1932, the number of deaths remained the same, viz., 7.

HEALTH EDUCATION.

Education on Health matters is provided at the Infant Welfare Centres, Maternity Homes and School Clinics, and by the visits of the Health Visitors to the homes; instruction in Hygiene is given in the schools. The arrangement for the supply of 2,000 copies per month for three years of "Better Health," free of charge, for distribution amongst the citizens expired in September, but the Health Committee decided to continue the distribution for a further three years.

GRAPH SHEWING THE NUMBER OF HOUSES
ERECTED IN NORWICH FROM 1897 TO 1933

NOTE. TOTAL NUMBER OF HOUSES ERECTED
HOUSES ERECTED BY THE CORPORATION } DIRECT LABOUR 285
CONTRACT NIL
HOUSES ERECTED BY PRIVATE ENTERPRISE WITH THE SUBSIDY
UNDER THE HOUSING ACTS, 1919-1923
HOUSES ERECTED BY PRIVATE ENTERPRISE WITHOUT SUBSIDY
HOUSES ERECTED BY THE CORPORATION FOR SLUM CLEARANCE



HOUSING.

The housing problem continues to remain acute, particularly with regard to meeting ordinary housing requirements and relieving overcrowding. Progress has been made to the extent of 481 additional houses for ordinary housing purposes.

As was anticipated, there has been a hopeful speed-up in slum clearance for 1933 :—

8 Clearance Orders and 2 Compulsory Purchase Orders were made by the Council.

7 of these have been confirmed by the Minister of Health, 2 with modifications.

The number of houses involved in these Orders is 360, with a population of 1213. The rehousing of the families is progressing favourably.

With regard to individual unfit houses, during the year 26 Demolition Orders and 29 Closing Orders were made: undertakings not to relet were accepted in two instances; 2 houses were reconditioned; 30 families were rehoused.

For 1934 a provisional programme of Clearance Areas, totalling approximately 434 houses with a population of 1451 is contemplated. Further, it is hoped to deal with about one hundred individual unfit houses during the year.

It is most essential, however, that apart from clearance of unfit houses, the acute problem of overcrowding should receive attention. Many of the overcrowded families are not in a position to pay an economic rent, and it is to be hoped that Local Authorities will be encouraged to build for the relief of overcrowding, and permission given to grant rent rebates in the necessitous cases.

The Housing Committee, apart from the abatement in overcrowding that occurred in the general allocation of houses, continued to allot to the Health Committee two houses a month for special cases of overcrowding and tuberculosis. Further, by making use of "decanting" when rehousing from Clearance Areas a few houses are made available for particularly bad cases of overcrowding.

Assistance in the payment of rent to a maximum extent of 2/6d. per week is granted in necessitous cases to families to

whom Council houses are allocated :—

- (1) on the grounds of tuberculosis (see page 103) ;
- (2) displacement from individual unfit houses

The scale in use is that adopted by the Housing Committee.

Statistics.

Number of New Houses erected during the year :—

(1)	By the Local Authority	...	...	285
(2)	By other bodies and persons	...	...	196
Total				481

1. Inspection of Dwelling-houses.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	8,291
	(b)	Number of inspections made for the purpose	... ..	16,360
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925		1,518
	(b)	Number of inspections made for the purpose	... ..	3,756
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	56
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	2,119

2. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers (including 275 in respect of which notices were served in 1932, and rendered fit in 1933)	1,668
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3. Action under Statutory Powers.

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ...	118
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:—	
	(a) By Owners (including 109 in respect of which notices were served in 1932, and rendered fit in 1933) ...	157
	(b) By Local Authority in default of Owners	Nil

B.—Proceedings under Public Health Acts.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	301
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
	(a) By Owners (including 213 in respect of which notices were served in 1932, and remedied in 1933) ...	328
	(b) By Local Authority in default of Owners	Nil

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	26
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	28

D.—Proceedings under Section 20 of the Housing Act, 1930.

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	29
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply :—

WHOLESOMENESS AND DISTRIBUTION.

The quality of the milk from a chemical standpoint has been very good.

Some of the milk is produced within the City Boundary ; a quantity comes in by rail ; but by far the greater portion comes in by road from the districts surrounding Norwich. The type of premises used for storing still continues to improve.

The quantity of milk consumed by the population shows a slight decrease, probably due to the increase in the price of milk, the figures being as follows :—

Average number of pints per week sold in November, 1932 (198 returns received from milk-sellers)	377,471
Average number of pints per week sold in November, 1933 (194 returns received from milk-sellers)	354,997

This shows a decrease of 22,474 pints of milk per week, and the approximate average of .4 pints of milk per day per person in the City.

Cowkeepers—

Number on Register	9
Number of Cows	200 approximately

Retail Milk Purveyors—

Number on Register :—

Residing in the City	134
Residing outside the City	63
Total	197

Wholesale Milk Purveyors	29
Number of Inspections of Dairies, Cowsheds, and Milk-shops	497

MILK AND DAIRIES ORDER, 1926.

Under this Order proceedings were taken against a person for retailing milk without being registered, and a fine of 5/- was inflicted.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The demand for graded milks continued to increase, the average number of pints sold weekly during the year being :—

“Certified”	...	...	...	...	2,502
“Grade A (T.T.)”	...	...	...	...	1,626
“Grade A”	...	...	...	...	8,431
“Pasteurised”	...	...	...	...	79,008

The following licences to sell Graded Milks were granted :—

“Certified”	...	...	...	...	2
“Grade A (T.T.)”	...	...	...	...	10
“Grade A”	...	...	...	...	11
“Pasteurised”	...	...	...	...	1

23 samples of “Grade A (T.T.)”, 57 of “Grade A”, 26 of “Certified”, and 27 of “Pasteurised” milk were bacteriologically examined. In 7 of “Grade A (T.T.)”, 15 of “Grade A”, and 6 of “Certified” B.Coli was present in excess; and in 5 cases of “Grade A (T.T.)”, 11 of “Grade A”, 11 of “Certified”, and 7 of “Pasteurised” milk, bacteria were found present in excess of the number allowed by the Order. In all cases letters of warning were sent to the vendors.

A County producer of “Grade A (T.T.)”, “Grade A”, and “Certified” milk had his licence revoked by the Ministry of Health on the 13th November; and another County producer of “Grade A (T.T.)” and “Grade A” milk relinquished his licence on the 14th October. The results of the examination of samples taken from these producers will be seen in the table on pages 44—46.

Bacteriological Examination of Ordinary Milk.

82 samples of ordinary milk were bacteriologically examined for the presence of bacteria, and the results gave an average of 1,215,883 bacteria per c.c. per sample. It is well to point out here that a good deal of milk is pasteurised unofficially, and not sold as such.

The following table shows the results of the examinations of the individual samples of milk and also the individual producer's samples, and enables comparisons easily to be made.

The standards required by the Order are :—

“Certified”...	...	Not more than 30,000 bacteria per c.c., and no B.Coli in one-tenth of a c.c.
“Grade A (T.T.)”	...	Not more than 200,000 bacteria per c.c., and no B.Coli in one-hundredth of a c.c.
“Grade A”...	...	Same as for “Grade A (T.T.)”.
“Pasteurised”	...	Not more than 100,000 bacteria per c.c.

“CERTIFIED”—BACTERIA PER C.C.

Producer “A”			Producer “B”		
2,733	117,500	3,533	...	6,666	440,000
4,000	783	8,633	...	125,000	450,000
8,766	275	1,866	...	1,040,000	188,500
7,766	3,000	9,200	...	1,560,000	1,750,000
893	916	13,866	...	360,000	750,000
610,000	—	—	...	—	—
<i>Av.</i> 49,608			<i>Av.</i> 667,017		

“GRADE A (TT)” —BACTERIA PER C.C.

Producer “B”	Producer “C”	Producer “D”	Producer “E”
5,800	12,833	23,000	84,000
240,000	916	1,866	42,500
390,000	16,000	6,000	3,733
117,500	112,000	—	—
340,000	51,000	—	—
73,000	8,733	—	—
1,240,000	185,500	—	—
820,000	10,566	—	—
—	12,633	—	—
<i>Av.</i> 403,287	<i>Av.</i> 45,576	<i>Av.</i> 10,289	<i>Av.</i> 43,411

GRADE “A”—BACTERIA PER C.C.

Producer “B”	Producer “C”	Producer “D”	Producer “E”	Producer “F”
420,000	47,500	3,766	340,000	8,533
690,000	14,533	67,500	6,666	3,500
—	78,000	196,000	7,833	7,666
—	640,000	320,000	98,000	2,800
—	10,833	63,000	5,733	5,733
—	420,000	216,000	2,733	14,833
—	3,800	1,840,000	59,500	11,133
—	46,000	950,000	10,366	32,000
—	145,500	39,500	13,466	63,000
—	—	73,500	129,500	—
<i>Av.</i> 555,000	<i>Av.</i> 156,241	<i>Av.</i> 376,927	<i>Av.</i> 67,380	<i>Av.</i> 16,578

Producer "G"				Producer "H"				Producer "I"
4,966	...	7,733	...	22,650	...	340,000	...	3,766
—	...	883	...	14,650	...	12,000	...	—
—	...	1,566	...	2,766	...	916	...	—
—	...	1,050	...	33,500	...	3,566	...	—
—	...	420,000	...	56,000	..	3,833	...	—
<div>Av. 61,408</div>								

“PASTEURISED”—BACTERIA PER C.C.

Producer "J"								
8,633	...	9,666	...	87,000	...	430,000	...	18,800
5,766	...	38,000	...	250,000	...	6,566	...	7,000
1,666	...	69,500	...	540,000	...	11,400	...	14,833
16,666	...	23,000	...	280,000	...	48,500	...	275
108,500	...	530,000	...	1,160,000	...	23,000	...	8,800
9,733	...	39,500	...	—	...	—	...	—
Av. 138,771								

“ORDINARY”—BACTERIA PER C.C.

57,333 ...	1,533 ...	295,500 ...	36,000 ...	20,000
39,000 ...	1,796 ...	975,000 ...	430,000 ...	18,333
40,000 ...	83,000 ...	1,055,000 ...	730,000 ...	220,000
38,000 ...	159,000 ...	37,666 ...	60,000 ...	8,166
37,666 ...	3,100,000 ...	15,900,000 ...	186,000 ...	2,400
17,666 ...	1,290,000 ...	36,333 ...	480,000 ...	26,666
56,000 ...	8,300,000 ...	20,000 ...	39,666 ...	490,000
48,000 ...	10,500,000 ...	47,000 ...	27,333 ...	995,000
80,000 ...	1,470,000 ...	890,000 ...	15,333 ...	3,400,000
30,000 ...	6,100,000 ...	17,333 ...	48,000 ...	35,333
750 ...	1,445,000 ...	97,333 ...	18,000 ...	40,000
45,666 ...	540,000 ...	68,666 ...	87,333 ...	57,666
916 ...	7,300,000 ...	7,833 ...	15,333 ...	755,000
1,866 ...	7,600,000 ...	1,966 ...	6,700,000 ...	188,000
53,000 ...	58,333 ...	38,666 ...	55,333 ...	360,000
3,666 ...	6,600,000 ...	16,000 ...	148,000 ...	1,195,000
12,000 ...	8,200,000 ...	— ...	— ...	—
<i>Av. 1,215,883</i>				

AVERAGE NO. OF BACTERIA PER C.C.—ALL SAMPLES.

"Certified"	"Grade A" (TT)	"Grade A"	"Pasteurised"	"Ordinary"
287,073 ...	165,112 ...	141,022 ...	138,771 ...	1,215,883

SUMMARY *re* DESIGNATED MILKS.

					No. found to contain :—					
					No. of Samples taken.	Up to standard.	excess bacteria and excess B. Coli.	excess bacteria only.	excess B. Coli only.	
<i>"Certified."</i>										
Producer "A"	...	16	...	14	...	1	...	1	...	—
„ "B"	...	10	...	1	...	5	...	4	...	—
Totals	...	26	...	15	...	6	...	5	...	—

"Grade A (T.T.)"

Producer "B"	...	8	...	3	...	5	...	—	...	—
„ "C"	...	9	...	7	...	—	...	—	...	2
„ "D"	...	3	...	3	...	—	...	—	...	—
„ "E"	...	3	...	3	...	—	...	—	...	—
Totals	...	23	...	16	...	5	...	—	...	2

"Grade A."

Producer "B"	...	2	...	—	...	2	...	—	...	—
„ "C"	...	9	...	5	...	1	...	1	...	2
„ "D"	...	10	...	4	...	3	...	1	...	2
„ "E"	...	10	...	9	...	—	...	1	...	—
„ "F"	...	9	...	7	...	—	...	—	...	2
„ "G"	...	1	...	1	...	—	...	—	...	—
„ "H"	...	15	...	12	...	2	...	—	...	1
„ "I"	...	1	...	1	...	—	...	—	...	—
Totals	...	57	...	39	...	8	...	3	...	7

"Pasteurised."

Producer "J"	...	27	...	20	...	—	...	7	...	—
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Producer "B" of "Certified" "Grade A (T.T.)" and "Grade A" milk had his licence revoked by the Ministry of Health on 13th November.

Producer "D" of "Grade A (T.T.)" and "Grade A" milk relinquished his licence on the 14th October.

7 samples of milk were examined for the presence of dirt, and visible dirt was practically nil in all cases.

210 samples were taken from milk supplied by producers residing outside the City for examination by animal inoculation for the presence of tubercle bacilli. 11 samples were positive; these 11 samples concerned 7 producers, and the cases were referred to the appropriate County Medical Officer of Health. This Officer informed me that 3 tuberculous cows were traced and slaughtered, and that in one case he was unable to trace the infected cow. 3 cases were not completed at the end of the year. Of the 5 outstanding cases at the end of 1932, 3 tuberculous cows were traced and slaughtered.

32 samples were taken from milk produced in the City for similar examination. 3 samples were found to contain tubercle bacilli. In consequence of this, 58 samples were taken from the three producers for examination. 2 samples from separate cows were found positive, and the animals were slaughtered. In the third case the infected cow could not be traced. In addition, 3 samples from separate cows were taken as a result of a positive group sample taken in 1932. One of these was found to be positive, and the animal was slaughtered.

THE MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, AND THE MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Proceedings were taken against a purveyor of milk for not having his name and address on his vehicle. The Magistrates dismissed the case with a caution.

(b) **Meat and other Foods.**

All meat found to be diseased and unfit for food is destroyed, the same being taken to and put in a digester. The tables on pages 50—53 show the quantity of meat which has been destroyed as being unfit for human food.

OTHER FOODS EXAMINED, CONDEMNED AND
DESTROYED, AS BEING UNSOUND AND UNFIT
FOR HUMAN CONSUMPTION.

FISH :—

2	pounds of Bloaters.
34½	stones of Cod Fish.
3	stones of Cod Roes.
½	stone of Cod and Gurnards.
42½	stones of Cod Fillets.
37½	stones of Dog Fish.
98½	stones of Fillets.
32	stones of Gurnards.
1	stone of Haddock.
5	stones of Herrings.
21	stones of Kippers.
4	pounds of Dabs.
71¼	stones of Lemon Soles.
½	stone of Mackerel.
1½	stones of Mixed Fish.
2½	stones of Plaice.
9	stones of Roker.
62½	pecks of Shrimps.
106	bags of Shrimps.
2	pounds of Whiting.
21	bags of Winkles.

TINNED FRUIT :—

2	tins of Cherries.
52	tins of Pineapples.
54	tins of Plums.
1	tin of Raspberries.
1	tin of Strawberries.

OTHER ARTICLES :—

320	pounds of Apples.
31	pounds of Sweets.
1	tin of Beans.
22	tins of Peas.
16	tins of Prawns.
2	tins of Salmon.
1	tin of Crab.
1	tin of Ham.
1	tin of Lambs' Livers.
105½	pounds of Bacon.
39	Rabbits.
8	Chickens.
4	Ducks.
1	Goose.
1	Turkey.

MERCHANDISE MARKS ACT, 1926.

No proceedings were taken under the above Act.

SLAUGHTER-HOUSES.

		In 1920.	In Dec., 1932.	In Dec., 1933.
Registered	...	13	11	11
Licensed	...	18	18	17
		—	—	—
		31	29	28
		—	—	—

4,581 visits have been paid to slaughter-houses. They are visited as far as practicable on killing dates, and a majority of animals slaughtered and intended for the food of man are inspected (see tables on pages 50—53).

In 5 cases proceedings were taken against butchers for having in their possession, for the purpose of sale, meat unfit for human consumption. Fines of £7; £5; £5; and £3 respectively were inflicted, and 1 case was dismissed.

In 3 cases proceedings were taken against slaughtermen for aiding and abetting. In 2 cases fines of £2 10s. 0d. were inflicted, and 1 case was dismissed. 1 slaughterman was fined £5 for failing to notify the Local Authority that a carcase was diseased.

MARKETS.

The Fish Market has been visited and inspected daily.

The Inspectors are on duty on market days at varying times for the purpose of inspecting the meat, poultry, fish, fruit, vegetables, and other foods, etc., exposed for sale at the Provision Market. On occasions it has been found necessary to deal with various articles of food which were unfit for human consumption.

BAKEHOUSES.

Number of Bakehouses on Register	...	118
Visits paid to Bakehouses	... ..	246

Cleansing and limewashing have been carried out during the months of April and October, and the premises have been found to be kept in a condition that is reasonably satisfactory.

MARGARINE.

The necessary inspections have been made of premises to see if margarine was sold, and where such was the case, to see that the requirements of the Food and Drugs (Adulteration) Act, 1928, relating to margarine were carried out.

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS

Kind of Animal.	Disease or Condition.	Whole Carcases and Offals.	Dia-phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omen-tums.	Udders.
Pigs	<i>Brought forward</i> ...	25	6	3	102	38	567	85	7	2259	2	—	102	—	1
	Cystic ...	—	—	—	—	3	—	—	—	—	—	—	—	—	—
	Decomposition ...	—	—	5	2	—	5	7	—	191	—	—	—	—	—
	Fibrosis ...	—	—	—	—	—	4	—	—	—	—	—	—	—	—
	Fractured ...	—	—	—	—	—	—	—	—	105	—	—	—	—	—
	Inflammation ...	—	—	1	—	—	1	1	—	—	—	—	—	—	—
	Nephritis ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—
	Pleurisy ...	2	—	3	—	—	2	5	—	—	—	—	—	—	—
	Pneumonia ...	—	—	—	—	—	—	27	—	—	—	—	—	—	—
	Peritonitis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pyæmia ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Strongyles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Paradoxus	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Swine Erysipelas ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—
	Necrotic Areas ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Totals		31	6	12	104	43	581	125	7	2555	2	—	102	—	1

CARCASES, PARTS OF CARCASSES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR TUBERCULOSIS.

Kind of Animal.	Whole Carcasses and Offals.	Diaphragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Corned meats.	Udders.
Oxen	54	27	30	234	4	80	240	124	1714	4	1	234	—	2
Calves	1	—	2	—	—	—	2	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	47	—	65	442	—	86	95	214	10	—	—	442	—	—
Totals	102	27	97	676	4	166	337	338	1724	4	1	676	—	2

SUMMARY.

Tuberculosis	102	27	97	676	4	166	337	338	1724	4	1	676	—	2
Other Diseases	31	6	12	104	43	581	125	7	2555	2	—	102	—	1
Totals	133	33	109	780	47	747	462	345	4279	6	1	778	—	3

(c) **Adulteration.****FOOD AND DRUGS (ADULTERATION) ACT, 1928.**

During the year 391 samples of food and drugs were submitted for analysis. This number is inclusive of 63 samples which were taken informally. Details of the samples taken are shown in the tables on pages 55—57.

In addition to these, 71 samples of milk were tested by the Gerber process; 7 were not up to standard and subsequent samples were submitted to the Public Analyst for analysis.

39 samples of milk were taken on Sundays.

The following actions were taken against vendors:—

Case No.	Article.	Offence.	Fine.	Costs.	Other Action.
1	Milk	14% Deficient in milk fat	10/-	—	—
2	„	26% do.	50/-	—	—
	and	23½% Added water	...	—	—
3	„	28% Deficient in milk fat	50/-	—	—
	and	24¼% Added water	...	—	—
4	„	5% Deficient in milk fat	—	—	Cautioned
5	„	7% do.	—	—	Dismissed
6	„	3% do.	—	—	Cautioned
7	„	8½% Added water	£10	15/-	—
8	„	21½% do.	10/-	15/-	—
9	„	4% Deficient in milk fat	—	—	Cautioned

In the case of a sample of Fruit Tonic, the Public Analyst reported that there were no tonic properties present. The case was referred to the Town Clerk, who did not advise proceedings being taken.

**THE PUBLIC HEALTH (DRIED MILK) REGULATIONS,
AND THE PUBLIC HEALTH (CONDENSED MILK)
REGULATIONS, 1923 and 1927.**

1 formal and 4 informal samples were taken under these regulations, all of which were certified genuine.

ARTIFICIAL CREAM ACT, 1929.

There are no premises in the City where Artificial Cream is manufactured, sold, or exposed or kept for sale for human consumption.

CHEMICAL EXAMINATION OF FOOD.

55

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Ale ...	1	—	1	—	—	—
Apple Crush ...	1	—	1	—	—	—
Baking Powder ...	1	—	1	—	—	—
Beer (Bitter) ...	1	—	1	—	—	—
Beer (Mild) ...	1	—	1	—	—	—
Beef Cubes ...	—	2	—	2	—	—
Biscuits ...	1	—	1	—	—	—
Butter ...	8	—	8	—	—	—
Cake ...	1	—	1	—	—	—
Cheese ...	3	—	3	—	—	—
Cheese (Milk) ...	1	—	1	—	—	—
Cider ...	—	1	—	1	—	—
Citric Acid ...	—	1	—	1	—	—
Cocoa ...	1	—	1	—	—	—
Coffee ...	3	—	3	—	—	—
Cream ...	3	2	3	2	—	—
Cream (Tinned) ...	—	6	—	6	—	—
Dr. Gregory's Powder ...	—	1	—	1	—	—
Dripping (Pork) ...	1	—	1	—	—	—
Figs ...	1	—	1	—	—	—
Fruit Tonic ...	2	1	1	—	1	1
Gin ...	1	—	1	—	—	—
Ginger ...	1	—	1	—	—	—
Glycerine of Boric Acid ...	—	1	—	1	—	—
Carried forward	32	15	31	14	1	1

CHEMICAL EXAMINATION OF FOOD

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
<i>Brought forward</i>	32	15	31	14	1	1
Humanised Truefood	—	1	—	1	—	—
Ice Cream	9	—	9	—	—	—
Iodine (Tincture of)	—	1	—	1	—	—
Jam	5	—	5	—	—	—
Lard	3	—	3	—	—	—
Lemonade Crystals	1	—	1	—	—	—
Lemonade (Home-made)	—	1	—	1	—	—
Lemon Crush	1	—	1	—	—	—
Liquorice Powder	2	—	2	—	—	—
Lozenges (Compound Bismuth)	—	1	—	1	—	—
Margarine	1	4	1	4	—	—
Medicaments	—	5	—	5	—	—
Mercury Ointment	—	1	—	1	—	—
Milk	214	23	205	18	9	5
Milk (Condensed)	—	3	—	3	—	—
Milk (Evaporated)	1	—	1	—	—	—
Milk of Sulphur	—	1	—	1	—	—
Mint (Dried)	2	—	2	—	—	—
Mustard	1	—	1	—	—	—
Paregoric	—	1	—	1	—	—
Peas (Tinned)	1	—	1	—	—	—
Pepper	2	—	2	—	—	—
Potted Meat Paste	6	—	6	—	—	—
Prescriptions	2	—	2	—	—	—
<i>Carried forward</i>	283	57	273	51	10	6

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
<i>Brought forward</i> ...	283	57	273	51	10	6
Raspberrade ...	1	—	1	—	—	—
Rice (Ground) ...	2	—	2	—	—	—
Rice (Unpolished) ...	1	—	1	—	—	—
Rum ...	1	—	1	—	—	—
Sago ...	1	—	1	—	—	—
Sal Volatile (Spirit of) ...	—	1	—	1	—	—
Sandwich (Ham) ...	1	—	1	—	—	—
Sandwich (Jam) ...	1	—	1	—	—	—
Sauce ...	1	—	1	—	—	—
Sausages ...	11	1	11	1	—	—
Semolina ...	1	—	1	—	—	—
Sherbet ...	1	—	1	—	—	—
Soda Water ...	1	1	1	1	—	—
Spirit of Nitre (Sweet) ...	—	1	—	1	—	—
Suet ...	1	—	1	—	—	—
Sweets ...	9	—	9	—	—	—
Tapioca ...	1	—	1	—	—	—
Tartaric Acid ...	1	—	1	—	—	—
Tea ...	2	—	2	—	—	—
Tomato Soup (Cream of) ...	—	1	—	1	—	—
Vegetable Fat (Pure) ...	1	—	1	—	—	—
Vinegar (Malt) ...	5	—	5	—	—	—
Whisky ...	2	—	2	—	—	—
Zinc Ointment ...	—	1	—	1	—	—
Totals ...	328	63	318	57	10	6

THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925—1927.

All samples taken were also submitted for analysis under these regulations during the year. There were no contraventions of the Regulations.

(d) **Chemical and Bacteriological Examination of Food.**

The chemical examination of food is carried out by the City Analyst (see pages 55—57). Bacterial counts in milk are carried out by the Clinical Research Association, and the testing of milk for Tubercle Bacilli has been done by the Lister Institute. Water is analysed chemically and bacteriologically by the City Analyst.

(e) **Nutrition—Dissemination of Knowledge.**

No special arrangements for the dissemination of knowledge on nutrition have been made. Advice is given to parents when they attend at the school clinics, school medical inspections and infant welfare centres and to mothers attending the ante-natal clinics. "Health Suggestions for Teachers," which includes instructions on the question of diet, are issued to the schools.

MATERNITY AND CHILD
WELFARE.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES.

(a) **Midwives.** The Local Authority has in its service at the Maternity Home a Matron and 6 trained midwives, working in the Ward or on the district; and occasionally pays other midwives for temporary assistance. The number of midwives practising in the City on December 31st was 28, including one midwife who resides outside the area, but who occasionally practises within the area.

The midwives in the City attended 1110 confinements, including still-births, during the year. Medical aid has been required by midwives, including those at the Municipal Maternity Home, on 385 occasions for 356 mothers, and 71 occasions for 68 babies, the medical fees being paid in whole or in part by the Corporation in 90 cases.

(b) **The City of Norwich Maternity Home**, from which district cases are also attended, has 15 beds, an isolation bed and 2 labour Wards, a babies' nursery with a balcony and babies' bathroom.

The permanent nursing staff, which was reduced from 8 to 7, consists of a Matron, Sister and 5 midwives, but the number of pupils to receive training at any one time was increased from 4 to 5.

The district staff is kept distinct from the internal staff. The Home is recognised by the Minister of Health for the purposes of grant in aid of the training of midwives, and at the end of the year 5 pupils were undergoing training in midwifery. Eight pupils who received training at the Home passed the Examination of the Central Midwives Board.

During the year, 319 women were confined in the Home and 276 were attended on the district, a total of 595 confinements. In 16 Home cases and 75 district cases doctors had been engaged by the patients. 5 other cases were admitted; 4 of these were transferred to the Norfolk and Norwich Hospital for treatment on account of complications—2 cases of Placenta Prævia, 1 of Ante-Partum Hæmorrhage, and 1 of Albuminuria. The other case was a district case which was admitted for ante-natal treatment for Albuminuria. She took her own discharge against advice and was confined at her own home. She was later removed to the Norfolk and Norwich Hospital and died—the cause of death being Post-Partum Eclampsia.

Two other cases were transferred to a private nursing home owing to all the beds in the Home being occupied at that time.

318 live births (including 6 sets of twins, of which 1 child was stillborn) occurred in the Home, and 271 (including 3 sets of twins) on the district—a total of 589, or 33.4% of the City Live Births registered. (With the 73 live births at the Infirmary added to this, the Council's Staff attended 37.5% of the total City Live Births registered.) There were 7 still births in the Home and 8 on the district.

14 cases of Puerperal Pyrexia were notified—7 from the Home and 7 on the district, and all recovered. 3 Home cases and 5 district cases were removed to the Isolation Hospital. The final diagnoses of the Home cases were:—Sapraemia, 1; Mastitis, 2; Pyelitis, 1; Cervical Lacerations, 1; Cervical Lacerations and Cystitis, 1; Endometritis, 1. In one of the cases of Mastitis the onset occurred after the patient had been discharged from the Home.

The diagnoses of the district cases were:—Influenzal Cold, 1; Mastitis, 1; Phlebitis, 2; Ruptured Perineum, 1; Influenza, 1; cause not known, 1.

The growth of the work at the Maternity Home is illustrated by the following figures:—

		1923	1924	1925	1926	1927	1928	1929
In the Home	...	59	115	176	237	223	241	303
On the District	...	239	200	193	209	211	265	212
Totals	...	<u>298</u>	<u>315</u>	<u>369</u>	<u>446</u>	<u>434</u>	<u>506</u>	<u>515</u>

		1930	1931	1932	1933
In the Home	...	308	302	330	319
On the District	...	245	269	231	276
Totals	...	<u>553</u>	<u>571</u>	<u>561</u>	<u>595</u>

Further cases applied for admission to the Home but had to be refused owing to lack of accommodation.

The Ante-natal Clinics are held at the Maternity Home, and are referred to on page 62.

(c) **Public Assistance Institution.** At the Public Assistance Institution 5 beds are provided for maternity cases. 79 cases were admitted during the year, and the average duration of stay was 27 days. 10 cases—including 1 of abortion—of puerperal pyrexia were notified, and 9 recovered.

The final diagnoses of these cases were:—Otitis Media 1, Phthisis 2, Engorged Breasts and Influenza 1, Ruptured Perineum 1, Pleurisy and Mental Instability 1, Pyelitis 1, Engorged Breasts and Sapræmia 1, cause not known 1. One case died from Uræmia, Nephritis and Epilepsy, but this death was not regarded as a maternal death by the Registrar-General. The two patients suffering from Phthisis were admitted for confinement from the Isolation Hospital. There were 7 stillbirths, including one set of twins.

(d) **Ante-Natal Clinics,** with a medical officer in attendance, are held at the Maternity Home on Tuesday and Friday afternoons and Monday mornings. 640 mothers, representing an equivalent of 35.1% of the total number of registered City births (including stillbirths), attended the clinics during the year; these made 2830 attendances, the average attendance per session being 19; for the year 1932 the average attendance was 18.

The following table shows the results of the examinations of Blood Specimens which have been sent through the Ante-Natal Clinics to the Norfolk and Norwich Hospital for Wasserman Test:—

Year.	Positive.	Doubtful.	Negative.	Total.
1930	5	0	13	18
1931	3	0	13	16
1932	6	4	23	33
1933	5	3	18	26

Smears from the urethra and cervix have also been sent to the Norfolk and Norwich Hospital for examination for gonococcal infection. This practice has now ceased as these Smears are now examined in the Ante-Natal Department.

Some midwives in the City are in the habit of bringing difficult cases to the ante-natal clinics for assistance from the medical officer in charge. This is a very desirable improvement, and it is hoped that the practice will spread.

INFANT WELFARE CENTRES.

Name of Centre.	When Held.	No. of Sessions.	No. of New Cases Attended.	Total No. of Cases Attended.	Total Attendants seen by Medical Officers.		No. of Attendances.		Average Attendances per Case.
					Total.	Average per Session.	Total.	Average per Session.	
Martineau Hall, Colegate.	Tuesday p.m.	51	144	436	2897	57	3254	64	7.5
	Friday p.m.	51	154	439	2469	48	2969	58	6.8
The Methodist Hall, Southwell Road.	Monday p.m.	48	154	492	3766	78	4598	96	9.3
	Tuesday a.m.	51	176	513	3330	65	4556	89	8.9
St. Julian's Parish Hall, Thorn Lane.	Wednesday a.m.	52	125	360	2856	55	3426	66	9.5
St. Matthew's Parish Hall, St. Matthew's Road.	Wednesday p.m.	51	135	411	2151	42	2894	57	7.0
Catton Church Room, Magdalen Road.	Thursday a.m.	52	158	382	2345	45	3048	59	8
Eaton Parish Room, Colman Road.	Thursday p.m.	52	131	358	2394	46	2826	54	7.9
St. Catherine's Parish Hall, Aylsham Road.	Friday a.m.	51	164	451	3466	68	4242	83	9.4

(c) **Infant Welfare Centres.** As will be seen by the Table on page 63, showing the attendances, etc., at the Infant Welfare Centres, the average attendance and the average number of cases seen by the Medical Officers at the Infant Welfare Centres conducted at the Methodist Hall, Southwell Road, and St. Barnabas Parish Hall, continued to be high during 1933. No new Centres were opened during the year, neither were additional sessions at the existing Centres held.

With regard to the Centres generally, the average attendance of children per session at all the Centres during the year was 69—an increase of 8 compared with the previous year.

11,513 attendances were made by children under 1 year; 7270 by children between 1 and 2 years, and 12,930 by children between 2 and 5 years, a total of 31,713. 1341 children were brought to the Centres for the first time during the year, 983 being under 1 year of age; children were seen by the Medical Officers in charge on 25,674 occasions, an average of 56 per session.

3842 children attended the Centres during the year, their ages at the end of the year being—under 1 year of age, 870; between the ages of 1 and 5 years, 2972.

The Infantile Mortality Rate (62·96) has risen for the third year running, and this is very unfortunate. It is true that it is still below the average for England and Wales and well below that for the great towns, but that is very little to boast about. Moreover the illegitimate mortality rate has diminished appreciably, and the chief rise is amongst the legitimate infants. The chief diseases contributing to this result are the bronchitis-pneumonia—broncho-pneumonia group and the diarrhoeal diseases. The bronchitis, etc., group produced 20 infantile deaths, as compared with 15 in 1932, and this is associated with the fairly severe outbreak of influenza we had in the early months of the year, which is also reflected in the general mortality table (Table II.), where it can be seen that the influenza, etc., deaths are up. By affecting the health of the mothers this may also have its influence on the number of deaths in the atrophy, debility and marasmus group, though the whole of the premature birth, congenital debility and marasmus group only shows a small rise of 3. The diarrhoeal diseases produced 11 deaths, as compared with 4 in 1932. Of the 11 deaths, 3 are put down as due to dysentery, and these occurred at the Public Assistance Institution, where an outbreak of bacillary dysentery of the Flexner W. Group,

extending over some months, was associated with certain unsatisfactory conditions of accommodation and equipment. However, a total of 6 deaths under one year occurred in that Institution from dysentery and other gastro-enteritis causes about that time, and these facts may not be unrelated. Also a seventh child under one year died at the Public Assistance Institution of marasmus and catarrhal colitis, but that has been included amongst the marasmus deaths and not in the diarrhoeal deaths. However, it can be seen that if the increase from those 2 causes is subtracted, the Infantile Mortality Rate of the City would not be very unsatisfactory. In this connection it is of interest to point out that the Mortality Rate under four weeks is distinctly under 50% of the total under one year, and the number of still-births is showing a marked diminution (see page 70).

This suggests that the amount of ante-natal work done both at the Clinics and elsewhere by the doctors and midwives of the City, and possibly the amount of milk issued as extra nourishment to the expectant mothers of the City, is producing results. Moreover, it must be pointed out that with the constantly falling birth rate and the comparatively small number of babies now born, a few deaths produce a comparatively large effect on the Infantile Mortality Rate. The fact remains that, at any rate, some of these deaths are preventable with our present knowledge, and more health visiting is required. The Staff do the best they can, but more are required to deal with the work properly.

ISSUE OF FRESH MILK AND DRIED FOODS TO MOTHERS AND CHILDREN.

The issue of dried foods has ^{de}increased as follows :—

	Packets given free.	Packets sold at "Cost."	Packets sold at $\frac{1}{2}$ "Cost."	Packets supplied for and charged to Guardians.	Total.
1925	6,624	636	1,718	—	8,978
1926	5,939	514	1,311	—	7,764
1927	5,355	940	193	—	6,488
1928	3,304	946	101	94	4,445
1929	2,098	572	17	682	3,369
1930	1,326	454	158	—	1,938
1931	900	671	36	—	1,607
1932	1,948	516	98	—	2,562
1933	1,363	271	35	—	1,669

As in the previous year, the Committee continued to issue Grade "A" Milk and other foods free or at reduced cost to expectant and nursing mothers and children. 426,251 pints of milk were distributed—336,030 pints to children under 5 years of age, 25,499 to expectant mothers and 64,722 to nursing mothers.

My own view is that while there is a place, under our present conditions, for dried foods, clean fresh milk from a healthy and properly treated cow is much preferable.

The monthly issue of milk during the last 7 years is of interest:—

	1927.	1928.	1929.	1930.	1931.	1932.	1933.
Jan.	3,186	8,845	2,907	7,545	16,115	21,522	33,150
Feb.	3,695	8,672	2,560	7,916	15,164	19,184	31,735
Mar.	4,962	8,760	3,178	9,192	16,614	20,727	37,579
April	4,558	9,668	3,096	8,595	16,887	22,393	35,824
May	5,291	9,346	3,225	10,294	16,207	21,589	34,700
June	5,374	7,430	3,437	9,321	14,745	23,972	33,960
July & Aug.	11,788	4,716	7,523	19,981	31,354	50,224	71,721
Sept.	6,078	2,268	3,608	10,648	14,772	26,121	36,159
Oct.	6,288	2,040	3,924	12,151	17,254	27,984	34,981
Nov.	9,110	2,019	4,469	12,616	16,851	29,691	38,356
Dec.	7,827	2,478	4,832	13,409	17,832	32,297	38,086
	68,157	66,242	*42,759	121,668	193,795	295,704	426,251

*In addition 14,250 pints were distributed by the Guardians.

The following figures show the quantities of fresh milk and dried food which have been issued free of cost to mothers and children during the last 9 years. The fact that the distribution in 1933 continued to increase is associated, in my opinion, with the exceedingly generous scale of the Committee. In comparing the figures it is well to bear in mind that one packet of dried food corresponds to approximately $5\frac{3}{4}$ pints of milk.

FRESH MILK (PINTS).					DRIED FOOD.
	Mothers.	Children.	Total.		
1925	...	7,231	4,692	11,923	6,624 packets.
1926	...	14,341	12,773	27,114	5,939 ,,
1927	...	27,870	40,287	68,157	5,355 ,,
1928	...	25,536	40,706	66,242	3,304 ,,
1929	...	16,319	26,440	42,759	2,098 ,,
1930	...	45,529	76,139	121,668	1,326 ,,
1931	...	54,620	139,175	193,795	900 ,,
1932	...	77,500	218,204	295,704	1,948 ,,
1933	...	90,221	336,030	426,251	1,363 ,,

In addition to the above, the undermentioned foods were distributed from the Infant Welfare Centres on the recommendation of the Medical Officers :—

	Free.	Half Cost.	Full Cost.	Total.
Virol (1 lb. jars) ...	5,804	227	605	6,636
Malt & Oil (1 lb. jars)	6,295	139	369	6,803
Lactagol (tins) ...	1,280	67	144	1,491
Virolax (4 oz. tins) ...	593	12	62	667
Maltoline ($\frac{1}{2}$ lb. tins)	265	—	29	294

The issue of nourishment to expectant and nursing mothers is allowed from within 3 months of expected confinement, and is of special value if it enables a woman to feed her infant by the breast. Amongst other desiderata for the mother an adequate supply of food and liquid is necessary before and after confinement, and the Maternity and Child Welfare Committee are assisting in this direction to a notable extent.

Dental Treatment, etc.

Nursing and expectant mothers and children under 5 years deemed by the Medical Officers of the Clinics to need dental treatment and the Tuberculosis patients are supposed to be treated at the School Dental Clinic at Churchman House on Saturday mornings, but the numbers requiring treatment have so increased that it has not been possible for the Dental Officers to cope with them in one session a week. The following table shows the work which has been done in this direction during the last 6 years :—

MOTHERS.

Year.	No. Treated.	Attend- ances.	Teeth Ex- tracted.	Teeth Filled and other Oper- ations.	Mothers provided with Artificial Dentures.	Adminis- trations of General Anæsthetics.
1928	... 164	605	1,318	23	66	218
1929	... 191	884	1,191	34	71	191
1930	... 236	959	886	28	84	223
1931	... 289	1,331	1,527	44	108	375
1932	... 245	1,267	1,439	238	104	412
1933	... 219	1,108	1,460	427	101	482

CHILDREN UNDER 5 YEARS OF AGE.

Year.	No. Treated.	Attend- ances.	Teeth Extracted.	Other Opera- tions.	Adminis- trations of General Anæsthetics.
1928	... 61	74	170	6	49
1929	... 86	157	218	83	73
1930	... 132	230	312	11	140
1931	... 186	353	507	4.	206
1932	... 203	385	516	12	240
1933	... 253	312	605	2	288

In 38 of the cases in which dental mechanical work was provided, the Committee felt justified in asking the mothers to contribute towards the cost.

Children seen at the Infant Welfare Clinics, suspected to be suffering from defective vision, are referred to the school eye clinics at Churchman House. During the year, 29 cases were referred; glasses were recommended for 11 children, and these were obtained through the contractors to the Education Authority. In 4 cases the Committee considered that the parents were able to pay for the glasses.

Children under school age suffering from ringworm of the scalp are treated at the Ringworm Clinic at Churchman House where X-ray treatment of this disease is carried out by Dr. Levack, D.M.R.E., assisted by one of the School Nurses. Children with ringworm under five years are rarely treated by X-rays, as they will not keep still. No such child was treated in 1933.

On the recommendation of N. S. Carruthers, Esq., F.R.C.S., Ear, Nose and Throat Specialist, the treatment of discharging ears in children is carried out, the Maternity and Child Welfare Committee co-operating with the Education Committee. As the treatment of school children is carried out in the schools by one of the Council's Health Visitors daily, Saturdays and Sundays excepted, it is only possible, at present, to deal with children residing in a certain area, but through the generous co-operation of the Cavell Nurses, the treatment of all known cases of children with discharging ears, who are under school age, has been made possible, irrespective of their place of residence. During the year, 22 children under school age were examined by the Specialist, of whom 13 received treatment.

The Authority does not maintain any Day Nursery.

Surgical Appliances are provided for children under 5 years of age who attend no school, the cost being borne, wholly or in part, by the Council where the financial circumstances justify such a course. 6 children were provided with trusses without payment, 2 with Surgical Boots at cost price, 1 with a Surgical Shoe without payment, and 2 with Splints—one at part cost and the other free.

INSTITUTIONAL PROVISION FOR MOTHERS OR CHILDREN.

In addition to the mothers' accommodation at the Maternity Home (see page 60), mothers and children are accommodated at the Public Assistance Institution and children at the Children's Homes.

HEALTH VISITORS.

The Health Visitors, who also act as School Nurses, carry out routine visiting of infants unless there is reason to think this procedure is not required. The newly born are visited as soon as possible after the doctor or midwife leaves, and then at fairly frequent intervals until the child attains the age of five years, advice being given to the mothers and efforts being made to persuade them to attend the appropriate Infant Welfare Centre. Some parents send their children to school before they become five; in these cases the supervision of the child is controlled by the machinery of the School Medical Service.

During the year the Health Visitors paid 272 visits to expectant mothers, 6898 visits to children under one year—1532 of these being first visits, and 9374 to children between one and five years of age. The total number of visits paid by the Inspector of Midwives, Tuberculosis Visitor and Health Visitors and School Nurses during the year was 22,413.

INFANT LIFE PROTECTION.

The duties of the Local Authority with regard to Infant Life Protection are discharged by the Maternity and Child Welfare Committee.

Under the Children and Young Persons Act, 1932, the age under which the reception of children for reward must be notified to the Authority was raised from 7 years to 9 years from January

1st, 1933. In pursuance of this requirement, 10 children, who had previously attained the age of 7 years, again came under the supervision of the Infant Life Protection Visitor. 14 new persons were registered for the reception of children, and 2 persons were removed from the register, the total number of registered persons at the end of the year being 72, with 38 of whom children were boarded-out.

2 children were adopted, and so removed from the provisions of the Act, 14 children went to live with their parents or relatives, 3 removed to other areas, the Authorities being notified, and 7 ceased to come under the provisions of the Act by attaining the age of 9 years. The total number of children under supervision at the end of the year was 49.

The Infant Life Protection Visitor paid 322 visits for the purpose of inspecting homes and children, and conducted 22 special investigations, *i.e.*, *re* maintenance, cases of neglect, etc.

STILL-BIRTHS.

For the purpose of the Births and Deaths Registration Act, 1926, the definition of still-birth is as follows:—

“ ‘Still-born’ and ‘still-birth’ shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life’.”

The following table shows the number of still-births, legitimate and illegitimate, registered in the City, and the numbers occurring in cases attended at or from the Maternity Home:—

Year.	No. of still-births registered.	% of total City births registered.	Legitimate still-births.	% of total City legitimate births.	Illegitimate still-births.	% of total City illegitimate births.	Cases attended at or from the Maternity Home.		
							No. of confinements attended.	No. of still-births.	% of total confinements attended.
1929	98	4·7	91	4·59	7	6·60	515	20	3·9
1930	83	4·04	79	4·06	4	3·64	553	9	1·6
1931	100	4·86	96	4·90	4	3·96	571	21	3·7
1932	65	3·36	61	3·33	4	4·00	561	15	2·6
1933	58	3·18	54	3·11	4	4·65	595	15	2·5

In connection with the above, it is well to remember that the mothers attending the Municipal Home are, as a rule, not particularly well off, but can nearly always pay the required fee and on the other hand, that those cases recognised to be so abnormal as to require considerable interference are referred to the private doctor or hospital.

There were 7 still-births at the Infirmary, including 1 set of twins, representing 8.75% of the total births in this Institution. The majority of the cases admitted were either abnormal or persons in very poor circumstances.

The following table shows the yearly total number of still-births and infant deaths (a) under 1 month; (b) under 1 year, registered in the City during the last 5 years:—

Year.	(a)			(b)		
	No. of Still-births registered.	No. of deaths under 1 month registered.	Total.	No. of Still-births registered.	No. of deaths under 1 year registered.	Total.
1929	98	60	158	98	149	247
1930	83	44	127	83	88	171
1931	100	65	165	100	107	207
1932	65	54	119	65	105	170
1933	58	49	107	58	111	169

The still-births registered during 1933 were distributed amongst the Wards of the City as follows:—

Ward.	No. of Still-births.	Ward.	No. of Still-births.
Earlham	7	Thorpe	6
Heigham	3	Eaton	2
Hellesdon	6	Town Close	—
Catton	4	Lakenham	2
Mousehold	2	Nelson	2
Westwick	3	St. Stephen	4
Coslany	4	Conesford	3
Fye Bridge	6	Ber Street	4
			—
			58
			—

The following causes were associated with the above:—

Macerated Fœtus ...	6	Anencephalic ...	1
Breech with extended arms and legs ...	3	Contracted Pelvis and Prolapse of cord ...	1
Breech with Umbilical Cord round neck ...	1	Placenta Prævia ...	3
Breech with difficult labour ...	4	Positive Wasserman ...	2
Ante-Partum Hæmorrhage and Placenta Prævia ...	5	Albuminuria ...	2
Chronic Nephritis ...	1	Shock ...	2
Ante-Partum Hæmorrhage ...	4	Cord round neck ...	1
Tuberculosis ...	1	Uterine Inertia ...	1
Twin Pregnancy—		Hydrocephalus ...	1
Inertia ...	1	Hydramnios ...	1
Prolapse of Cord ...	2	Uterine Hæmorrhage due to Fibroids ...	1
Asphyxia ...	3	Unknown or information not obtainable...	11
			—
			58
			—

MATERNAL MORTALITY.

There were 9 maternal deaths during the year. 3 deaths—1 from influenza, asthma, bronchitis, and premature labour, 1 from infective endocarditis and pregnancy, and another from uræmia, nephritis and epilepsy—have been included in this number, but presumably have been excluded by the Registrar-General.

The investigations for the Ministry of Health into maternal deaths have continued, and the medical profession have kindly given me every assistance in their power. An Obstetrical Specialist has not been engaged for this purpose, the investigations being conducted by the Medical Officer of Health.

With a view to reducing the maternal mortality in the City, midwives have been urged to encourage their patients to see a doctor ante-natally, in the case of women who are insured persons, by the Insurance practitioner, or, in the case of uninsured persons, by the Medical Officer at the Ante-Natal Clinic. Arrangements have been made for a second opinion to be given in cases of Puerperal Fever and Puerperal Pyrexia, and cases of difficult labour when required by private practitioners. If

necessary, cases of Puerperal Fever and Puerperal Pyrexia are removed to the Isolation Hospital. The examination of pathological material is carried out by a private pathological specialist.

On the request of private practitioners, "Cavell" Nurses are available for home nursing, the Local Authority making a grant to the Norwich District Nursing Association for the nursing of these and other cases.

ORTHOPÆDIC TREATMENT.

The question of orthopædic treatment, coupled with the treatment of surgical tuberculosis and acute rheumatism, has been talked about in Norwich for several years now, but in spite of this talk the City has no official orthopædic scheme. Cases are treated, as required, at the voluntary hospitals, and the Education Committee and the Maternity and Child Welfare Committee assist in the supply of surgical instruments and boots (see page 69), and, particularly, the Education Committee send certain cases away to special well-known Orthopædic Institutions in London and elsewhere. However, it is highly desirable that adequate arrangements be made in this City for the thorough treatment of this group of diseases.

1 child under the age of 5 years was sent for treatment to the Royal National Orthopædic Hospital, London, the parents contributing towards the cost.

Another child received treatment at the London County Council Hammersmith Hospital for a disfiguring hairy mole. During the year the child attained the age of 5 years, and came under the control of the Education Authority.

CONTRACEPTIVE CLINIC.

Married women who were nursing or expectant mothers and attending Maternity and Child Welfare Centres and/or Clinics, and in whose cases there were medical grounds for deciding that further pregnancies would be detrimental to health were able to obtain contraceptive information at the Maternity Home, where a medical officer was available on Saturday morning each week between 11.30 and 12.30. During the year 5 women attended the clinic, 3 of whom received the information.

MATERNITY AND NURSING HOMES.

Before being registered, new homes are inspected by a Medical Officer of the Public Health Department, to ensure that the arrangements comply with the Bye-laws and the standards laid down by the Committee. The arrangements for protection against fire are inspected by the Police. All registered homes are inspected periodically by a Medical Officer.

No new applications were received under the Nursing Homes Registration Act, 1927. 1 Maternity Home and 1 Mixed Home were voluntarily closed during the year. The number of registered Homes at the end of the year was 15. These are used as follows:—Maternity Homes 4; Nursing Homes (Non-Maternity) 5; and Mixed Homes 6. 2 Institutions are exempt.

OPHTHALMIA NEONATORUM.

Every effort is made to secure prompt treatment of ophthalmia neonatorum. The Table below shows the number of notifications of this disease which were received.

Notified.	Cases Treated.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
11	7	4	*11	—	—	—

*As far as can be ascertained by the Health Visitors and enquiries of the doctors in charge of the cases.

INFECTIOUS DISEASES
AND
ISOLATION HOSPITAL.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Scarlet Fever produced 328 cases, as compared with 244 in 1932, which was a rise for the second year in succession. The majority of the cases occurred in the last four months of the year, and the numbers rose so rapidly in conjunction with a rise of other infectious diseases that Greenborough Farm Hospital had to be opened on December 12th for convalescent Scarlet Fever cases. In fact the outbreak is being continued in 1934.

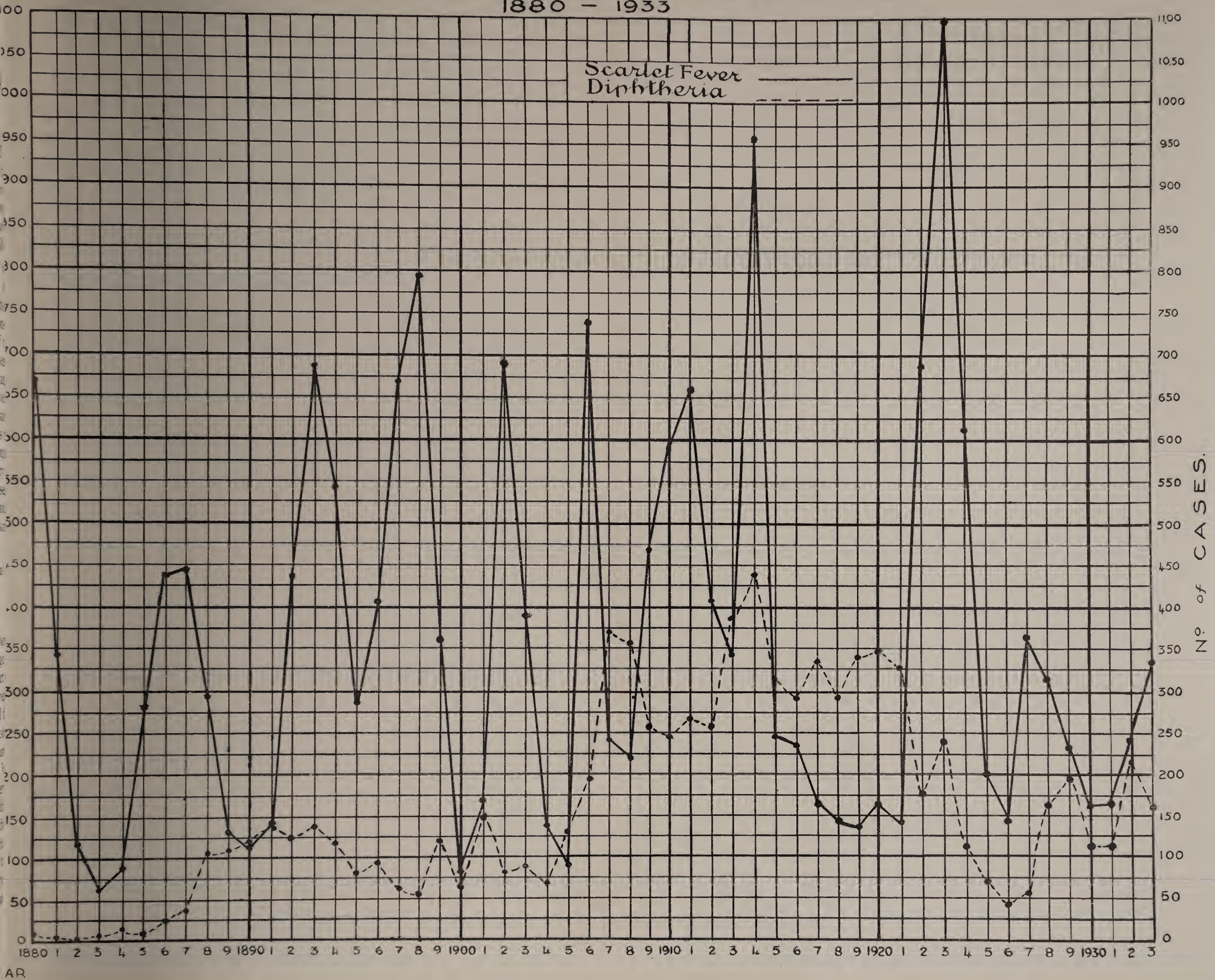
A possible explanation of the marked diminution of the epidemics of this disease since the big epidemic in 1923 is the fact that just about that time the practise of considering a patient to be infectious until desquamation was complete was abandoned, and more particular attention was paid to the condition of the ears, nose, and throat, with an endeavour to ensure the absence of infectious discharges from those passages. This change possibly came too late to effect the 1923 outbreak. Later events will show whether this is the true explanation of the remarkable change in the appearance of the attached chart, but if it is the true explanation it is a real advance in public health measures, due to increased scientific knowledge through the discovery of the relationship of the hæmolytic streptococcus with the disease Scarlet Fever, and should result in the prevention of much disease, and in the years to come the saving of many thousands of pounds.

Serum continued to be used at the Isolation Hospital in selected cases.

There were no deaths from this disease in 1933.

Diphtheria, with 164 cases, showed a decrease as compared with the 222 cases of 1932. However, as far as one can judge at present, it is only a temporary remission on the rising aspect of a wave, and it may be that the rise will continue for a few years yet. The chart shows the length of the previous wave, and the trough in 1926, and it is probable that history will repeat itself. There was, fortunately, a decrease in the deaths, as compared with the 13 of 1932. There were 8 deaths from Diphtheria, but in 2 other cases there were deaths associated with Diphtheria. 1 child of 3 years also had Measles, and it was considered that the Measles was really the cause of the death, and another adult patient had Influenza with Pneumonia and a Pyo-pneumothorax, and it was considered that the septic influenzal condition was the real cause of death. The 8 deaths give a mortality rate of 4.9 per cent., which is an improvement on the 5.9 per cent. of 1932, and

NOTIFICATIONS OF SCARLET FEVER & DIPHTHERIA 1880 - 1933



the 8.8 per cent. of 1931. 7 of the 8 deaths occurred in school children, where the Mortality Rate was 8.75 per cent.

The Health Committee continues to offer free immunisation, by means of pamphlets issued to affected households, but the response continues very meagre. The lower Mortality Rate might imply a diminished virulence, but there certainly were some cases with a very virulent infection during the year, causing some of the deaths. There was a continued search for carriers, and 95 were admitted to the Isolation Hospital.

Enteric Fever. The City's record of no cases of Enteric Fever in 1932 has not lasted very long, as 3 cases were notified in 1933, 2 Typhoid and 1 of Paratyphoid "B." Unfortunately, in no case was it possible to trace the source, though in 1 case of Typhoid, suspicion fell on a visit away from the City at an appropriate date.

Cerebro-Spinal Fever was notified in 2 cases, as compared with 5 in 1932, and there was 1 death, but this death was certified after a post-mortem as being due to infective Endocarditis and Cerebral Embolus. However, it has been counted in the Registrar-General's Table as a Cerebro-Spinal death. The Reports requested by the Ministry on the results of the use of serum in these cases have been submitted.

Encephalitis Lethargica was notified in 2 cases, and there were 3 deaths, 1 being in an old standing case. No case of **Acute Polio-Encephalitis** or **Acute Poliomyelitis** was notified in 1933.

Puerperal Fever produced 3 notifications, with 1 death—a welcome decrease on the 7 notifications, with 2 deaths, in 1932. No case of Puerperal Fever occurred at the Maternity Home or on the district or in the Public Assistance Institution. 1 case occurred in a private Nursing Home. The other 2 were admitted to the Isolation Hospital, and 1 of these died from Streptococcal Septicæmia and Parturition.

Puerperal Pyrexia produced 47 notifications, as compared with 35 in 1932. The final diagnoses in these cases are as follows :—

Puerperal Sepsis, Mastoiditis and Meningitis	1
Puerperal Sepsis	1
Perineal, Cervical, and/or Vaginal Lacerations	6
Endometritis	2

Influenza	...	...	...	...	3
Pyelitis	...	...	...	...	3
Bacilluria	...	...	...	...	1
Phthisis	...	...	...	...	3
Otitis Media	...	...	...	...	1
Sapræmia	...	...	...	...	3
Retained Placenta or Membranes	...	...	...	...	2
Perinephric Staphylococcal Infection	...	...	...	...	1
Uræmia, Nephritis, and Epilepsy	...	...	...	...	1
Version of Uterus, and Shock	...	...	...	...	1
Phlegmasia Alba Dolens or Phlebitis	...	...	...	...	3
Pelvic Cellulitis	...	...	...	...	1
Pleurisy	...	...	...	...	1
Mastitis or Engorged Breasts	...	...	...	...	7
Pyorrhœa	...	...	...	...	1
No information obtainable	...	...	...	...	1
Undiagnosed	...	...	...	...	4

The total number of Puerperal Pyrexia cases occurring in the Municipal Maternity Home was 7, and on the Municipal Maternity Home District 7 (see page 61). These all recovered. There were 10 cases in the Public Assistance Institution, of which 1 died with Uræmia, Nephritis, and Epilepsy. Of the other cases in the City, 1 died of Puerperal Sepsis, Mastoiditis, and Meningitis, the Mastoiditis occurring before confinement.

Acute Primary (123) and Acute Influenzal (96) Pneumonia cases were notified, totalling 219. This is again an increase, as compared with 1932, and the number of these cases has increased every year for the last 4 years; even in 1929, when there was a very severe outbreak of Influenza, this group only produced 198 notifications. There was a total of 76 deaths, 31 of which were due to Acute Primary Pneumonia and 45 to Acute Influenzal Pneumonia, including 3 Acute Primary Pneumonia deaths transferred in but not counted in the notifications. Those Influenzal figures give a clear indication of the severity of the Influenzal outbreak at the beginning of the year. The total Influenzal deaths (99) may be compared with the 131 total Influenzal deaths caused by the severe Influenzal outbreak in 1929. The Health Committee has continued to stock Felton's Anti-Pneumococcal Serum, Types 1 and 2, for the use of private doctors of the City, but none has been required. As far as the Public Health Department is aware, only 2 patients have had this serum during the year—a child of one year with Broncho-Pneumonia in the Public Assistance Institution, in which case the child died, and the other, an adult man who had 120,000 units

and recovered, but unfortunately his organism was not typed. Of the 31 deaths certified to be due to Acute Primary Pneumonia, 11 occurred in Institutions where serum may have been used, leaving 20 which occurred in the private practice of the City. I do not know whether any of these 20 received serum from other sources, but it is extremely probable that anti-pneumococcal serum, which, at any rate, has given results suggesting the desirability of further trial, has not been used throughout the City to any extent. This means either that the practitioners do not consider it to be of serious value or that there are difficulties in the way serious enough to bar its use. This is most unfortunate as there have been 31 deaths, and it would be desirable to make every effort to prevent these deaths, which are a serious item in the City's Death Returns. For instance, there are nearly four times as many Acute Primary Pneumonia deaths as there are Diphtheria deaths, and yet great effort is made with regard to Diphtheria. It is surely worth while to make as great efforts to prevent the Pneumonia deaths. Unless there is a change producing some improvement in these Returns, it is possible that the Health Committee will have to consider what further steps can be taken to obviate these deaths, such as, perhaps, the admission of Acute Pneumonia cases to the Isolation Hospital. Apparently very little effort is being made to reduce this mortality, which has been going on at approximately the same level for many years, and it is to be feared that some practitioners are content with their methods because a fair number of their Pneumonia patients recover. This cannot be considered as a satisfactory policy, because the unfortunate fact remains that there are still too many deaths occurring from this disease if they can be prevented by any means.

Dysentery. In 1931, 3 cases of Dysentery were notified. These were the first which had been notified for many years, and the cases occurred in the Isolation Hospital. In 1932 1 case was notified, in 1933 16 cases have been notified, of which some occurred in the Public Assistance Institution (see page 64). The 16 cases notified consisted of 8 of Sonne's Bacillus and 8 of the Flexner Type, several, if not all of them, being of the Flexner W. Type. The occurrence of some notified cases led to more extensive investigation as to the existence in the City of other cases, and samples were taken of stools and blood from a few cases that were heard of as suffering from Dysenteric symptoms. The result has been the increase of notifications, and the position is a little disquieting as it is probably fair to judge from the results of our limited enquiries that there is really a fair amount of this infection scattered about the City, possibly not producing any serious damage, but nevertheless unpleasant, and

possibly dangerous. The investigation of the extent of the infection of the City, and sorting the notifications into their appropriate type groups, and then dealing with the problem afterwards would be a very considerable undertaking, and at present the Public Health Department is so occupied that it is not possible. Moreover, the question of the existence of carriers arises. However, this question has received considerable attention in other places previously, and it is clear that the method of eradicating the disease consists in educating the public, particularly the food handlers, cooks, mothers of households, etc., in cleanly habits of life, and driving that lesson home to the uttermost.

Ophthalmia Neonatorum was notified in 11 cases—a welcome decrease in number, and in fact the smallest number which has been notified for many years.

Non-Notifiable Infectious Diseases were relatively quiet throughout the year, but Chicken-pox was somewhat prevalent, and an outbreak of Measles started in the last quarter of the year, which has been carried on into 1934.

INFECTIOUS DISEASES IN SCHOOLS.

In view of the policy suggested in the Memorandum on School Closure, issued jointly by the Ministry of Health and the Board of Education, no City School was closed on account of infectious disease. Special visits by Medical Officers to schools *re* Infectious Disease have been paid when advisable. The table on pages 82—83 shows a Summary of Cases of Infectious Diseases amongst School Children, and of Contacts of such cases, excluded from School Attendance during the year ended December 31st, 1933.

CLEANSING AND DISINFECTION.

The cleansing and disinfection of verminous persons can be carried out at the Public Assistance Institution in Bowthorpe Road, where, whilst the person is bathed, the clothing is disinfected. After infectious illness, bedrooms, etc., have been disinfected with formalin or sulphur, and occasionally bedding and clothing passed through the steam disinfector at the Isolation Hospital gratuitously. On request, the disinfection of articles for trade purposes and after non-infectious illnesses is carried out at the Isolation Hospital and a charge is made in accordance with the Committee's scale.

947 rooms were disinfected after the removal or recovery of patients. 646 visits were made by the Sanitary Inspectors in respect of infectious diseases.

In cases where the dwelling-house is in an insanitary condition, and the occupier is unable through infirmity or mental

incapacity to remedy the condition, and the health of persons residing in the house is endangered, the Corporation, under the Norwich Corporation Act, 1933, may apply to a Court of Summary Jurisdiction for an Order for the removal of the occupants to an Institution or other dwelling for such period as is necessary to enable the Corporation to cleanse and disinfect the house.

No cases were actually dealt with under these powers, but in 2 or 3 cases persons who, through infirmity, were unable to keep their houses clean, were persuaded to enter the Public Assistance Institution or make other arrangements.

TABLE 3. NOTIFIABLE DISEASES.

Diseases.	Total Cases Notified by Medical Practitioners.	Cases Admitted to Hospital.	Total Number of Deaths.
Scarlet Fever	328	301	—
Diphtheria	(a) 164	159	(b) 8
Acute Primary Pneumonia	123	40	⊖ { 31
Acute Influenzal Pneumonia	96	38	⊖ { 45
Puerperal Fever	3	2	1
Puerperal Pyrexia	(e) 47	34	(h) 2
Erysipelas	(f) 75	41	8
Encephalitis Lethargica ...	2	2	3
Ophthalmia Neonatorum...	11	4	—
Dysentery	(g) 16	11	(i) 3
Cerebro-Spinal Fever	2	2	1
Typhoid Fever	2	2	—
Paratyphoid Fever	1	1	—
NON-NOTIFIABLE DISEASES.			
Whooping Cough	19	17	6
Measles	11	9	2
Rubella	2	1	—
Chicken-pox	85	5	—
Mumps	3	1	—

(a) Includes 5 cases who had Scarlet Fever also.

(b) In addition, one other death occurred which was returned as a Measles death.

(c) In addition, 6 cases notified as Pneumonia died from other causes.

(d) Includes 3 Norwich persons who died outside the City.

(e) Includes 4 non-residents who contracted Puerperal Pyrexia whilst in Norwich. One case died and this was regarded as an outward transferable death.

(f) Includes 5 non-residents who contracted Erysipelas whilst in Norwich. One case died and this was regarded as an outward transferable death.

(g) Includes 2 cases who had Scarlet Fever also.

(h) Includes one case who died from other causes.

(i) 1 further adult case died of Infective Endocarditis and Dysentery.

INFECTIOUS DISEASES IN SCHOOLS, 1933.

SCHOOLS.	Number on Roll.		DIPH- THERIA.		SCARLET FEVER.		MEASLES.		RUBELLA (German Measles)		CHICKEN POX.		WHOOPIING COUGH.		CEREBRO- SPINAL FEVER.		MUMPS.
	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	
Angel Road ...	—	1	3	2	—	—	—	—	—	—	4	—	1	—	—	—	39
Avenue Road ...	2	7	9	11	—	—	—	—	—	—	2	—	6	1	—	—	21
Bull Close ...	2	3	3	6	—	—	—	—	—	—	7	1	—	—	—	—	—
Cavell ...	—	3	13	5	—	1	—	—	—	—	2	—	—	—	—	—	13
College Practising ...	12	3	2	1	—	—	—	—	—	—	3	—	1	—	—	—	2
Colman Road ...	10	21	8	15	—	—	—	1	—	—	90	27	32	2	—	—	5
Crook's Place ...	10	12	13	13	—	—	—	1	—	—	7	2	10	—	—	—	1
Crome Central ...	—	2	2	1	—	—	—	—	—	—	1	—	—	—	—	—	2
Dowson ...	3	10	5	13	—	—	—	2	—	—	46	17	5	1	—	—	2
Heigham Street ...	1	6	2	2	—	—	—	—	—	—	5	1	2	1	—	—	2
Horn's Lane ...	2	6	36	16	—	2	—	2	1	—	33	1	14	—	—	—	1
Lakenham ...	3	3	3	6	—	25	—	1	—	—	1	1	23	—	—	—	—
Lakenham St. Mark's ...	3	6	7	14	—	3	—	—	1	—	—	—	15	—	—	—	—
Mile Cross ...	3	6	6	8	—	—	—	—	—	—	51	2	2	1	—	—	—
Model ...	1	—	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Mousehold ...	5	7	7	11	—	—	—	—	—	—	5	1	6	—	—	—	1
Nelson Street ...	6	8	2	3	—	—	—	—	—	—	4	3	3	3	—	—	14
Old Meeting ...	—	—	2	1	—	1	—	—	—	—	1	1	7	—	—	—	2

TABLE 4.

ANALYSIS OF TOTAL CASES OF INFECTIOUS DISEASES NOTIFIED IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Diphtheria ...	2	4	9	10	4	68	26	17	17	5	1	1	164
Scarlet Fever ...	1	8	10	10	22	153	74	14	25	9	2	—	328
Erysipelas ...	3	3	—	1	—	3	1	3	13	9	20	19	75
Pneumonia (Acute Prim. and													
Acute Influenzal) ...	3	4	2	4	5	18	8	14	38	29	53	41	219
Encephalitis Lethargica ...	—	—	—	—	—	1	—	—	—	—	1	—	2
Dysentery ...	3	3	2	2	—	3	2	—	—	—	1	—	16
Puerperal Fever ...	—	—	—	—	—	—	—	—	2	1	—	—	3
Puerperal Pyrexia ...	—	—	—	—	—	—	1	1	35	10	—	—	47
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	2	—	—	—	2
Typhoid Fever ...	—	—	—	1	—	—	—	—	—	—	1	—	2
Paratyphoid Fever ...	—	—	—	—	—	—	1	—	—	—	—	—	1
Chicken-Pox ...	3	5	2	6	6	50	8	2	2	1	—	—	85
Whooping Cough ...	7	4	3	1	1	3	—	—	—	—	—	—	19
Measles ...	1	5	—	—	2	1	—	1	1	—	—	—	11
Rubella (German Measles) ...	—	—	—	1	—	1	—	—	—	—	—	—	2
Mumps ...	—	—	—	—	—	2	—	1	—	—	—	—	3

TABLE 5.

ANALYSIS OF DEATHS FROM NOTIFIED DISEASES IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Diphtheria ...	—	—	—	1	—	2	5	—	—	—	—	—	8
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	1	—	—	1
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	1	1	—	—	2
Measles ...	—	1	—	1	—	—	—	—	—	—	—	—	2
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Erysipelas ...	1	—	—	—	—	—	—	—	—	—	1	6	8
Acute Primary Pneumonia ...	—	—	—	—	1	—	—	—	1	7	6	13	31
Acute Influenzal Pneumonia ...	—	1	—	—	—	—	1	1	6	6	13	17	45
Whooping Cough ...	3	2	1	—	—	—	—	—	—	—	—	—	6
Dysentery ...	3	—	—	—	—	—	—	—	—	—	—	—	3
Encephalitis Lethargica ...	—	—	—	—	—	1	—	—	—	—	1	1	3

TABLE 6.

ATTACK RATE PER 1,000 PERSONS UNDER 15 YEARS OF AGE NOT KNOWN TO HAVE HAD DISEASE PREVIOUSLY.

(a) CASES REMOVED TO HOSPITAL.

In houses with :—

	Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	Per 1000 persons under 15 years who have not had disease
Scarlet Fever	405	510	357	311	312	—	333	400	
Diphtheria	404	1000	554	329	166	500	133	333	—

(b) CASES NURSED AT HOME.

In houses with :—

	Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	Per 1000 persons under 15 years who have not had disease
Scarlet Fever	826	1000	882	600	—	—	—	—	

VACCINATION.

The following are particulars of the work done under the
Vaccination Acts.

Number of Births registered in 1932	2081
-------------------------------------	-----	-----	------

Number of Children :—

Successfully Vaccinated	350
-------------------------	-----	-----	-----

Insusceptible of Vaccination	3
------------------------------	-----	-----	---

In respect of whom Statutory Declara- tions of Conscientious Objection have been received	1561
---	-----	-----	------

Died unvaccinated (under 1 year of age)	123
---	-----	-----	-----

Postponed by Medical Certificate	5
----------------------------------	-----	-----	---

Removed to districts the Vaccination Officers of which have been duly apprised	31
--	-----	-----	-----	----

Removed to places unknown and otherwise not accounted for	8	2081
--	-----	-----	---	------

Percentage successfully vaccinated (excluding deaths)	17.8%
--	-----	-----	-------

Percentage of Conscientious Objectors (excluding deaths)	79.9%
---	-----	-----	-------

SUCCESSFUL VACCINATIONS, 1933.

Total number of Certificates of successful Primary Vaccination of Children under 14 received during 1933	335
--	-----	-----	-----	-----

Number of Certificates of successful Primary Vaccinations by the Public Vaccinator of persons over 14 received during 1933	13
--	-----	-----	-----	----

Number of successful re-Vaccinations by the Public Vaccinator of persons of all ages during 1933	7
--	-----	-----	-----	---

ISOLATION HOSPITAL AND LABORATORY.

The Isolation Hospital continues to do excellent work, and the results testify to the high standard of medical and nursing practice maintained. The confidence felt in the Isolation Hospital is shown by the high percentage of notified cases which are sent there.

The percentages are:—

Diphtheria	...	...	...	83.5 %
Scarlet Fever	...	...	...	86.9 %

The following is the Resident Medical Officer's report on the year's work:—

During the year 1933, the total number of cases admitted was 826 as compared with 949 for 1932, 593 for 1931, and 597 for 1930. This number with 67 remaining from 1932 gives a total of 893 under treatment for the year.

TABLE 7.

(Shewing disease distribution and mortality rates.)

	Remaining in Hospital midnight, Dec. 31st, 1932.	Admitted during 1933.	Total under Treatment.	Discharged during 1933.	Died during 1933.	Mortality Rate %.	Remaining in Hospital midnight, Dec. 31st, 1933.
Scarlet Fever	... 22	296	318	261	—	—	57
Diphtheria	... 18	146	164	124	*12	8.82	28
Diph. Carriers	... —	95	95	86	—	—	9
Tb. Phthisis	... 17	46	63	38	15	28.3	10
Other Diseases	... 10	243	253	240	7	2.83	6
	67	826	893	749	34	—	110

*Includes one case who also had measles on admission, and one case who died from Pyo-Pneumothorax, Broncho-Pneumonia, and Influenza.

The mortality rate for all cases completing treatment was 4.34%.

The average daily number of patients in Hospital was 74.8. Maximum number 127 on the 28th November, 1933. The minimum number was 47 on the 16th and 17th August, 1933.

The average period in Hospital for all cases completing treatment (deaths included) during the year was 33.9 days.

TABLE 8.
(Showing monthly admissions.)

		Scarlet Fever.	Diphtheria.	Diph. Carrier.	Tuberculosis.	Other Diseases.	Total.
January	...	17	4	9	3	36	69
February	...	12	6	6	4	23	51
March	...	16	9	10	6	12	53
April	...	14	8	7	5	17	51
May ...	...	14	12	2	7	27	62
June ...	...	12	6	2	3	15	38
July ...	...	19	7	6	6	20	58
August	...	11	15	7	4	16	53
September	...	23	14	6	3	20	66
October	...	50	19	9	1	18	97
November	...	53	25	23	2	26	129
December	...	55	21	8	2	13	99
		296	146	95	46	243	826

TABLE 9.
(Showing monthly discharges.)

		Scarlet Fever.	Diphtheria.	Diph. Carrier.	Tuberculosis.	Other Diseases.	Total.
January	...	21	14	5	—	30	70
February	...	18	7	7	7	23	62
March	...	13	4	3	3	22	45
April	...	14	9	14	5	17	59
May ...	...	16	6	3	4	16	45
June ...	...	12	8	—	5	24	49
July ...	...	14	11	8	6	20	59
August	...	19	9	3	5	12	48
September	...	14	9	9	2	20	54
October	...	21	13	9	8	24	75
November	...	47	17	19	7	21	111
December	...	52	29	6	1	18	106
		261	136	86	53	247	783

SCARLET FEVER.

296 cases were admitted during 1933, which with 22 remaining from 1932 gives a total of 318 cases under treatment; 11 County infections are included in these figures.

AVERAGE STAY. The average period in Hospital for cases completing treatment during the year was 30.53 days, as compared with 32.42 days in 1932, and 34.75 days in 1931. The numbers rose from 217 to 296—158 of the cases being admitted during the last three months of the year.

The actual number of City cases, *i.e.*, 285, is above what may be considered the average for the City. The type of disease continues to be mild.

DEATHS. No death occurred amongst these patients during the year.

TABLE 10.

(Showing Age and Sex distribution of 1933 admissions.)

	Under												Over	Totals
	1	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	45.		
Male	—	6	7	5	10	53	16	1	4	6	3	—	111	
Female	1	—	4	4	11	87	46	9	9	8	4	2	185	
	1	6	11	9	21	140	62	10	13	14	7	2	296	

Complications in Scarlet Fever completing treatment in 1933, 1932, 1931, and 1930.

	All Cases 1933.		1932.	1931.	1930.
Adenitis	...	14 = 5.36%	5.83%	5.84%	14.89%
Otorrhœa	...	10 = 3.83%	2.69%	3.65%	5.67%
Arthritis and Rheumatism	...	7 = 2.68%	0.45%	1.46%	2.83%
Nephritis and Albuminuria	...	4 = 1.53%	3.59%	3.65%	2.12%
Rhinorrhœa	...	0 = 0.0%	0.0%	0.0%	2.12%

Albuminuria occurring in the early febrile period of the disease is not included in these figures.

Ward 1 was opened for Scarlet Fever cases on 10th November, and closed to this disease when Greenborough Hospital was opened on December 12th for convalescent cases.

OTHER COMPLICATIONS: Cardiac Derangements 1; Skin Affections 2; Tonsillectomy 1; Quinsey 1; Serum Rash 11; Diplococcal Vaginitis 1; Pyæmic Abscess 1; Conjunctivitis 1; Osteomyelitis 1.

4 return cases were admitted during the year, equivalent to 1.4% of the City cases admitted. A patient is regarded as a return case if further infection occurs in a household within four weeks of the return home of a case from hospital.

1 case was incubating mumps on admission; no cross infection resulted.

2 cases were also suffering from dysentery on admission; no other cases occurred.

3 cases had positive Diphtheria swabs when admitted.

2 cases were suffering from Chicken-Pox on admission—no other cases occurred. 1 case had Whooping Cough on admission—no other case occurred.

DIPHTHERIA.

146 cases of true Diphtheria were admitted during 1933, which, with 18 remaining from 1932, gives a total of 164 under treatment. 9 County infections are included in these figures.

2 cases admitted as Diphtheria were also suffering from Scarlet Fever—no cross infections resulted. 2 cases contracted Scarlet Fever in hospital.

1 case was also suffering from Measles on admission—no other case occurred. 4 cases developed Chicken-Pox in hospital.

In addition, 95 carriers of the Diphtheria bacillus, in whom no evidence of the disease existed, were taken into hospital until they ceased to be infectious.

DEATHS. 12 deaths occurred, including 2 County cases. Mortality rate 8.82%.

3 patients died after they had been in hospital one day; 2 two days; 1 three days; 1 six days; 3 from one to two weeks; and 2 for over one month.

Ward 1 was used for cases of Diphtheria from 12th December.

AVERAGE STAY. The average period in hospital for cases who completed treatment during the year was 43.9 days, the figure for 1932 was 45.6 days, and for 1931, 43.0 days.

TABLE 11.

(Showing Age and Sex distribution of 1933 admissions.)

	Under											Over	Totals
	1.	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	45	
Male	—	3	2	4	3	34	14	5	—	2	1	—	68
Female	—	—	2	6	1	28	13	10	4	9	4	1	78
	—	3	4	10	4	62	27	15	4	11	5	1	146

Complications in diphtheria cases completing treatment during 1933 :—

Respiratory	...	...	3	Albuminuria	...	...	1
Heart	...	...	4	Otitis Media	...	...	2
Cold	...	...	1	Intubation	...	...	1
Anæmia	...	...	1	Adenitis	...	...	1
Tonsillitis	...	...	1	Septic Onychia	...	...	1
Paralysis	...	...	16				

SERUM. The average quantity of serum administered to each case was 31,000 units. The largest amount given to any one case was 168,000 units. A definite serum reaction occurred in 17 cases.

ENTERIC FEVER.

No case of Enteric Fever was admitted to the hospital during the year.

OTHER DISEASES.

Admissions numbered 243, distributed as under :—

Tonsillitis	...	...	41	Broncho-Pneumonia	...	3
*Measles	...	...	9	Pelvic Cellulitis	...	1
Influenza	...	...	33	Congenital Syphilis	...	1
Rubella	...	...	1	Adenitis	...	1
Whooping Cough	...	...	16	Debility	...	1
Suckling Infants	...	...	26	Observation following		
Enteritis	...	...	2	Parturition	...	1
Erysipelas	...	...	20	Hæmophilia	...	1
Puerperal Pyrexia	...	...	18	Serum Reaction	...	1
Puerperal Fever	...	...	2	Sprained Ankle	...	1
Cold	...	...	4	Dysentery	...	5
Impetigo	...	...	1	Scalds	...	2
Ophthalmia Neonatorum	...	...	3	Aseptic Meningitis	...	1
Croup	...	...	2	Nursing Mother	...	5
Erythema Nodosum	...	...	1	Nursing Mother (Scarlet		
Bronchitis	...	...	1	Fever Contact)	...	1
Chicken-Pox	...	...	3	Puerperal Sepsis	...	3
Septic Finger	...	...	2	Rheumatism	...	1

Septic Toe	...	...	1	Lobar Pneumonia	...	1
Excoriated Nose	...	...	1	Influenzal Pneumonia	...	2
Pyelitis of Pregnancy	...	...	1	Abscess	...	1
Mumps	...	...	2	Rhinitis	...	1
Sore Throat	...	...	1	Urticaria	...	1
Miliary Tuberculosis	...	...	1	Marasmus	...	4
Nephritis	...	...	2	Premature Infants	...	2
Boil	...	...	2	Oedema Glottidis	...	1
Laryngitis	...	...	5			

*Includes 2 cases of Measles also suffering from Mumps.

The following deaths occurred amongst these patients:— Whooping Cough 2; Erysipelas 2; Puerperal Fever 1; Premature Birth 2.

The average length of stay in hospital for those who completed treatment during the year was 16.8 days.

TUBERCULOSIS.

2 ward blocks are now in use for the isolation of cases (mostly advanced) of this disease.

ADMISSIONS. 46 cases were admitted during the year, 24 male and 22 female.

DIED. Males 9; Females 6; Total 15.

DISCHARGED. Males 12: 2 to Kelling Sanatorium; 4 to own homes, improved in general condition; 1 to own home, much improved; 2 to own homes, condition as on admission; 2 to own homes, disease progressing; 1 to outside the City. Females 26: 14 to own homes, condition improved; 3 to own homes, condition much improved; 3 to own homes, condition much as on admission; 1 to own home, disease progressing; 2 cases discharged to Poor Law Infirmary for confinements; 1 to outside the City; 1 to own home, moribund; 1 to own home, quiescent.

AVERAGE STAY. The average period in hospital for cases that completed treatment during the year was 128.8 days.

Ward No. 1 (Female Tuberculosis) was closed for Tuberculous cases on 9th November, and used for Scarlet Fever and Diphtheria cases.

COUNTY CASES.

The more definite arrangements made in 1931 with the Authorities of some of the surrounding County Districts, for the admission of their cases of infectious diseases in emergency, continued. One other Rural District entered into this arrangement during the year. 22 County cases, included in the figures

mentioned above, were admitted during the year, and were distributed as under:—

Scarlet Fever	...	...	11	Chicken-Pox	...	...	1
Diphtheria	...	...	9	Mumps	...	...	1

LABORATORY WORK.

4993 specimens were examined, as compared with 6598 in 1932; details of examinations are appended:—

		Diphtheria.	Tubercle.	Enteric Fever.	Others.	Totals.
January	...	217	20	0	4	241
February	...	239	8	0	11	258
March	...	309	7	0	8	324
April	...	305	9	2	9	325
May	...	294	23	2	27	346
June	...	271	39	1	0	311
July	...	289	7	0	10	306
August	...	273	12	1	10	296
September	...	353	6	1	20	380
October	...	536	6	0	21	563
November	...	931	7	1	11	950
December	...	680	9	1	3	693
Totals	...	4697	153	9	134	4993

The above figures do not include 696 specimens of sputum examined by the Clinical Tuberculosis Officer at the Laboratory at the Public Health Department.

STAFF.

The health of the Nursing and Domestic Staffs has been very satisfactory.

For the first time since November, 1924, a case of Diphtheria has occurred amongst the Nursing Staff. The Nurse in question gave a negative result to Schick testing, and it was therefore considered that she was immune from Diphtheria. In addition, 3 Nurses and 1 Maid contracted Scarlet Fever, and several members of the Staff had Influenza or Tonsillitis.

The work of the Nursing and Domestic Staffs, under the able guidance of the Matron and Home Sister, has again been thoroughly satisfactory throughout the year, and I take this opportunity of recording it.

GREENBOROUGH HOSPITAL.

As reported under the heading of Scarlet Fever, Greenborough Hospital was opened on December 12th, 1933.

TUBERCULOSIS.

TUBERCULOSIS.

NOTIFICATIONS AND MORTALITY DURING 1933.

Age Periods.		Notifications.				Deaths.			
		Pulmon-ary.		Non-Pul-monary.		Pulmon-ary.		Non-Pul-monary.	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	—	—	1	1	—	—	—	—
1 and under 5	...	—	—	17	10	—	—	5	1
5 and under 15	...	—	4	12	17	—	2	1	1
15 and under 25	...	13	11	3	7	11	5	2	—
25 and under 35	...	19	14	1	3	8	12	2	1
35 and under 45	...	15	4	2	1	15	5	—	—
45 and under 55	...	25	3	2	2	15	7	—	2
55 and under 65	...	7	2	—	2	6	2	—	—
65 and over	...	2	2	—	—	3	2	—	—
Totals	...	81	40	38	43	58	35	10	5

In addition to the 202 cases newly notified, 26 further cases came to my notice during 1933 in other ways than by formal notification. 9 were obtained from the death returns, 15 were transfers to the City from other areas, and 2 posthumous notifications were received. 16 were pulmonary cases and 10 non-pulmonary, distributed as follows:—

Age Periods.		Pulmonary.		Non-Pulmonary.	
		M.	F.	M.	F.
Under 1 year	...	—	—	—	—
1 and under 5	...	—	—	1	—
5 and under 10	...	—	—	1	1
10 and under 15	...	—	—	2	—
15 and under 20	...	—	1	1	1
20 and under 25	...	—	2	—	1
25 and under 35	...	1	4	—	—
35 and under 45	...	1	—	—	1
45 and under 55	...	3	1	—	—
55 and under 65	...	1	1	—	—
65 and over	...	—	1	—	1
Totals	...	6	10	5	5

In all, 228 cases of tuberculosis, 137 lung and 91 other forms, came to my knowledge during the year. The non-pulmonary cases were classified as follows:—

Age periods			Bones and Abdominal joints.	Peri- pheral glands.	Lupus.	Other organs.
Under 1 year	...	...	1	—	1	—
1 and under 5	...	...	6	1	15	—
5 and under 10	...	...	3	2	14	—
10 and under 15	...	...	4	1	7	—
15 and under 20	...	...	3	1	1	—
20 and under 25	...	...	—	1	3	—
25 and under 35	...	...	2	1	—	—
35 and under 45	...	...	4	—	—	—
45 and under 55	...	...	2	—	—	1
55 and under 65	...	...	2	—	—	—
65 and over ..	...	...	1	—	—	—
Totals	..	...	28	7	41	1
						*14

*These consisted of 1 cystitis, 1 salpingitis, 3 renal, and 9 meningitis, with or without miliary tuberculosis.

Of the cases notified, 57 per cent. were males and 43 per cent. were females. 35 per cent. were married, 62 per cent. were single, and 3 per cent. were widows or widowers. Information obtained from 140 of the cases revealed a family history of tuberculosis in 25 per cent.

Notifications and Mortality.

The *Notification Figures* for the year show for pulmonary cases a decrease of 4 compared with the figures for the preceding year. Whereas the female notifications have fallen from 49 to 40, there has been an increase in male notifications from 76 to 81. In every age group from 15 to 65 years there is a preponderance of male over female notifications, and in the 35—55 age group the preponderance is very striking.

The increase of notifications of non-pulmonary cases noted in previous reports has continued throughout the year. The increase is largely due to the large number of gland cases, as shown in the table above.

On the Chart of Notifications is also shown the number of working days lost due to unemployment. There was a gradual

increase each year from 1926 until 1932; the figures for 1933 show a decrease. It is to be hoped that this decrease will continue, and that it will be reflected in a subsequent decrease of notifications and mortality.

Mortality Figures for the year, like the pulmonary notifications, show a decrease on the preceding year, and though the female deaths have decreased by 10 in pulmonary cases, there has been an increase of 3 male deaths.

The deaths from phthisis numbered 93, representing a death rate of .73 per thousand, and from other tuberculous diseases 15 (death rate .11 per thousand). In 1932, the corresponding figures were 100 and 12.

Non-pulmonary deaths have risen from 12 in 1932 to 15. Whereas last year no deaths occurred amongst non-pulmonary cases between the ages of 25 and 65 years, this year there have been 5 deaths in adults.

In spite of the increase of new non-pulmonary notifications, there has actually been one less death in patients under the age of 25 years.

Of the total deaths from tuberculosis, 9 or 8.3% had not been notified during life.

Dispensary Work.

In addition to the Administrative Tuberculosis Officer, the Staff consists of a Clinical T.O. and a Health Visitor, who both do other work, and one clerk. There are four dispensary sessions weekly, one of which is reserved for children, where opportunity is taken to see suspected cases referred by the School Medical Officers and Officers of the Infant Welfare Centres, and also contacts of definitely tuberculous cases.

The Clinical Tuberculosis Officer made 1733 examinations, 1536, including contacts, at the Clinic, and 197 at the patients' homes.

During the year, 98 contacts were examined for the first time. These were in addition to the contacts examined at the School Clinics and Infant Welfare Centres, where the facilities for observation were utilized as much as possible. Full use was made of the Open-Air School and the Convalescent Homes in the County for those contacts who were found to be debilitated without being definitely tuberculous.

There is still reluctance on the part of some contacts to be examined, though the invitation to appear for examination is extended whenever possible.

The X-ray work in connection with the Dispensary has again been undertaken by Dr. J. S. Levack, D.M.R.E., whose co-operation has been most helpful. During the year, 51 cases were referred for X-ray examination, 47 in respect of lung cases, and 4 in respect of bone and joint cases. There is a tendency to make more and more use of this mode of examination, especially in cases of early and doubtful disease.

28 patients were referred for dental treatment, which was undertaken by the Dental Department at Churchman House. In 4 cases, dentures were supplied.

Sputum Examinations.

696 sputum examinations were carried out in respect of dispensary work during the year.

In the course of dispensary work, patients are seen who have been under prolonged treatment for bronchial catarrh and chronic bronchitis, whose sputum has never been examined. From time to time, these cases show a positive sputum, and it would be a good working rule if patients with a history of cough and expectoration for a month or more had sputum examinations done in every case, if necessary, repeatedly. Facilities are available at the Public Health Department for free examination of sputum. It is to be pointed out that the unsuspected case is more likely to be of danger to the general public than one who understands and carries out the necessary precautions for sputum disposal.

Home Visits.

The Tuberculosis Health Visitor, in addition to 140 primary visits paid for the purpose of ascertaining the environmental conditions of newly notified cases, made 1059 re-visits to old cases.

At the time of the first visit, 40·7 per cent. of the cases occupied a separate bedroom, 17·1 per cent. a separate bed in a double-bedded room, and 42·2 per cent. shared a bed with another person, presumptively non-tuberculous.

The percentage of cases, where enquiry was made, who at the time of the first visit were occupying a separate bedroom, has varied as follows :—

1922	...	46·3 %	1928	...	50·3 %
1923	...	43·5 %	1929	...	48·4 %
1924	...	44·0 %	1930	...	49·2 %
1925	...	43·3 %	1931	...	50·1 %
1926	...	35·2 %	1932	...	49·0 %
1927	...	41·0 %	1933	...	40·7 %

In addition to the visits of the Health Visitor, 2675 visits were paid by the Nurses from the Cavell Home. These visits are made on the recommendation of the Clinical Tuberculosis Officer and the general practitioners concerned. 412 of these visits were made for the compilation of temperature pulse records for diagnostic purposes, and the remaining 2263 were made for the purpose of home nursing.

Institutional Treatment.

(i.) 12 beds are reserved for male patients at Kelling Sanatorium, where additional beds are taken temporarily as required. 7 beds are reserved for women at Bramblewood Sanatorium. Patients were also sent to Maltings Farm Sanatorium, Nayland; Cromer Cottage Hospital; East Anglian Children's Sanatorium, Nayland; and Brompton Hospital.

(ii.) The Norfolk County Council took over the control of Stanninghall Colony on October 28th, 1930. Patients are still sent by the City Council, who reserve 16 beds, and an extra bed was used for a time.

(iii.) Isolation Hospital—2 pavilions, 12 beds for males, and 12 for females. In November, the patients in the women's pavilion were temporarily transferred to the cubicle block, and this arrangement was still in force at the end of the year.

(iv.) Cases of surgical tuberculosis in adults were sent to the Royal Sea Bathing Hospital, Margate; St. Michael's Orthopædic Hospital, Clacton; the local general hospitals; and the Fletcher Convalescent Home, Cromer.

The following table shows the average daily number of patients at each institution, together with the duration of stay of those patients discharged during 1933 :—

Institution.	Average daily no. of patients.	Length of Stay of patients discharged.			
		Under 3 months.	3 to 6 months.	6 to 12 months.	Over 12 months.
<i>(a) Pulmonary Cases.</i>					
Kelling Sanatorium (42) ...	33.41	10	7	19	2
Cromer Cottage Hospital (1) ...	.35	—	1	—	—
Bramblewood Sanatorium (7) ...	6.79	—	3	4	1
Maltings Farm Sanatorium (12) ...	6.31	1	3	6	1
East Anglian Children's Sanatorium (1) ...	.29	—	—	1	—
Isolation Hospital (Males) (13) ...	10.02	3	4	4	1
Isolation Hospital (Females) (12) ...	8.40	14	5	7	—
Stanninghall Colony (17)	15.26	—	—	1	2
Brompton Hospital (1) ...	.56	—	—	—	—
Totals (pulmonary) ...	81.39	28	23	42	7
<i>(b) Non-Pulmonary Cases.</i>					
Melton Lodge Convalescent Home (1)	.86	—	—	—	1
Heatherwood Hospital (2)	1.69	—	—	—	—
Lord Mayor Treloar Cripples Hospital (6) ...	5.20	—	—	—	3
Rob Roy Home, Margate (1) ...	.16	—	—	—	—
Royal Sea Bathing Hospital, Margate (3)	1.59	—	—	1	1
St. Michael's Orthopædic Hospital, Clacton-on-Sea (4) ...	2.49	1	2	—	1
Norfolk and Norwich Hospital (2) ...	.76	11	—	—	—
Jenny Lind Hospital (2) ...	.30	7	—	—	—
Fletcher Convalescent Home, Cromer (2) ...	.18	3	—	—	—
Totals (Non-Pulmonary)	13.23	22	2	1	6
GRAND TOTALS ...	94.62	50	25	43	13

Children were sent to the Lord Mayor Treloar Cripples Hospital at Alton; Heatherwood Hospital, Ascot; the Rob Roy Home, Margate; the Melton Lodge Convalescent Home, Great Yarmouth; the local general hospitals; and the Fletcher Convalescent Home, Cromer.

Lupus cases were sent for Light Treatment to the Out-patients' Department at the Norfolk and Norwich Hospital and the London Hospital. 3 cases (females) were treated at the Norfolk and Norwich Hospital, and 4 (2 males and 2 females) at the London Hospital, the average number of attendances being 46 and 141 respectively, per case. One other case attended the London Hospital quarterly for re-examination.

(v.) The Poor Law Infirmary for pulmonary and non-pulmonary cases is also utilised when necessary.

The total cases of pulmonary tuberculosis treated in institutions during the year numbered 131 males and 64 females. Non-pulmonary cases who received treatment in institutions outside the City were 10 males and 12 females. 18 cases (7 males and 11 females) were treated in the general hospitals in the City, and the majority of convalescent cases among children were admitted to the Open-Air School.

The figure in brackets after the name of the institution shows the highest number of patients. During the year, 17 deaths occurred at the institutions.

The difficulties in connection with the shortage of beds for the treatment of surgical tuberculosis in the City, commented upon in recent annual reports, still remain.

Domiciliary Treatment.

Extra nourishment in the form of milk, butter, etc., was supplied in necessitous cases. On the recommendation of the Clinical Tuberculosis Officer, orders were given for 19,163 pints of milk, 17 lbs. of butter, and 49 tins of cod liver oil and malt.

Shelters, bedsteads and bedding are also provided on loan to such cases as are recommended for them. Paper handkerchieves, pocket sputum flasks, and disinfectants are given for the ready disposal of infected sputum. The disinfection of rooms vacated by patients who have gone for institutional treatment, or who have died, is offered in every case, and the offer continues to be met with an almost universal acceptance.

Housing.

The Housing Committee allotted 12 houses during the year to families in special danger from tuberculosis, 3 of the families receiving assistance with their rent. The number of houses so allocated now amounts to 22. In addition to these, many patients have been housed on the new Estates of the City as a result of slum clearance. The future will show the beneficial results of these measures.

Literature.

As an educational measure, leaflets published by the National Association for the Prevention of Tuberculosis have been disposed of in connection with dispensary work. To patients and relatives, these leaflets have helped to supplement verbal advice given at the Dispensary, or at home visitations.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under these Regulations with regard to employees in the milk trade. No person in the milk trade was notified as suffering from tuberculosis.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No action was taken under this Section with regard to the compulsory removal to Hospital of any person suffering from tuberculosis.

Statistics.

The Charts show the tendencies of tuberculosis for the past 21 years. In addition, the approximate number of working days lost due to unemployment for the past 11 years is given, these figures being kindly supplied by the Ministry of Labour Employment Exchange.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY.

DIAGNOSIS.	PULMONARY.						NON-PULMONARY.						TOTAL.						GRAND TOTAL.
	Adults.			Children.			Adults.			Children.			Adults.			Children.			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—																			
(a) Definitely tuberculous ...	60	30	—	—	1	5	8	19	13	65	38	19	14	—	—	136			
* (b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3				
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	50	45	31	22	—	—	148			
B.—CONTACTS examined during the year :—																			
(a) Definitely tuberculous ...	3	2	—	—	1	—	—	—	1	3	2	—	2	—	7				
* (b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	20	24	22	25	—	91				
C.—CASES written off the Dispensary Register as :—																			
(a) Recovered	1	—	—	—	—	—	—	4	—	1	—	4	—	—	5				
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	—	76	72	54	47	—	249				
D.—NUMBER OF CASES on Dispensary Register on December 31st :—																			
(a) Definitely tuberculous ...	222	137	4	8	—	38	37	70	65	260	174	74	73	—	581				
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3				

1. Number of cases on Dispensary Register on January 1st ...	567	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	18
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	33	4. Cases written off during the year as Dead (all causes) ...	99
5. Number of attendances at the Dispensary (including Contacts) ...	1536	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	92
7. Number of consultations with medical practitioners:— (a) Personal ... (b) Other ...	7 372	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	197
9. Number of visits to homes for Dispensary purposes:— (a) By Health Visitors ... (b) By The Cavell Nurses ...	1199 2675	10. Number of:— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made ... in connection with Dispensary work	696 51
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) page 104 ...	Nil.	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	327

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATIONS
DURING THE YEAR IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS)
APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

		In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institu- tions. (4)	In Institu- tions on Dec. 31st. (5)
Number of doubtfully tuberculous cases ad- mitted for observation ...	Adult males ...	—	—	—	—	—
	Adult females...	—	—	—	—	—
	Children ...	—	—	—	—	—
	Total ...	—	—	—	—	—
Number of definitely tuberculous patients ad- mitted for treatment ...	Adult males ...	52	83	58	11	66
	Adult females...	26	49	55	6	14
	Children ...	9	16	18	—	7
	Total ...	87	148	131	17	87
GRAND TOTAL ...		87	148	131	17	87

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.												GRAND TOTALS.			
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				Totals.		
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.				
Class T.B. minus.	Quiescent ...	1	2	—	—	—	—	2	1	1	—	—	—	3	8	1	7
	Not quiescent	1	—	—	—	—	—	1	—	—	—	—	—	2	—	—	2
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus. Group I.	Quiescent ...	—	2	—	1	—	—	3	4	—	1	—	—	5	6	—	11
	Not quiescent	5	—	—	3	4	—	2	4	—	1	1	—	11	9	—	20
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus. Group II.	Quiescent ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
	Not quiescent	4	6	—	2	5	—	9	3	—	2	1	—	17	15	—	32
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus. Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	2	5	—	6	2	—	6	5	—	1	—	—	15	12	—	27
	Died in Institution	9	3	—	1	—	—	1	3	—	—	—	—	11	6	—	17

PULMONARY TUBERCULOSIS.

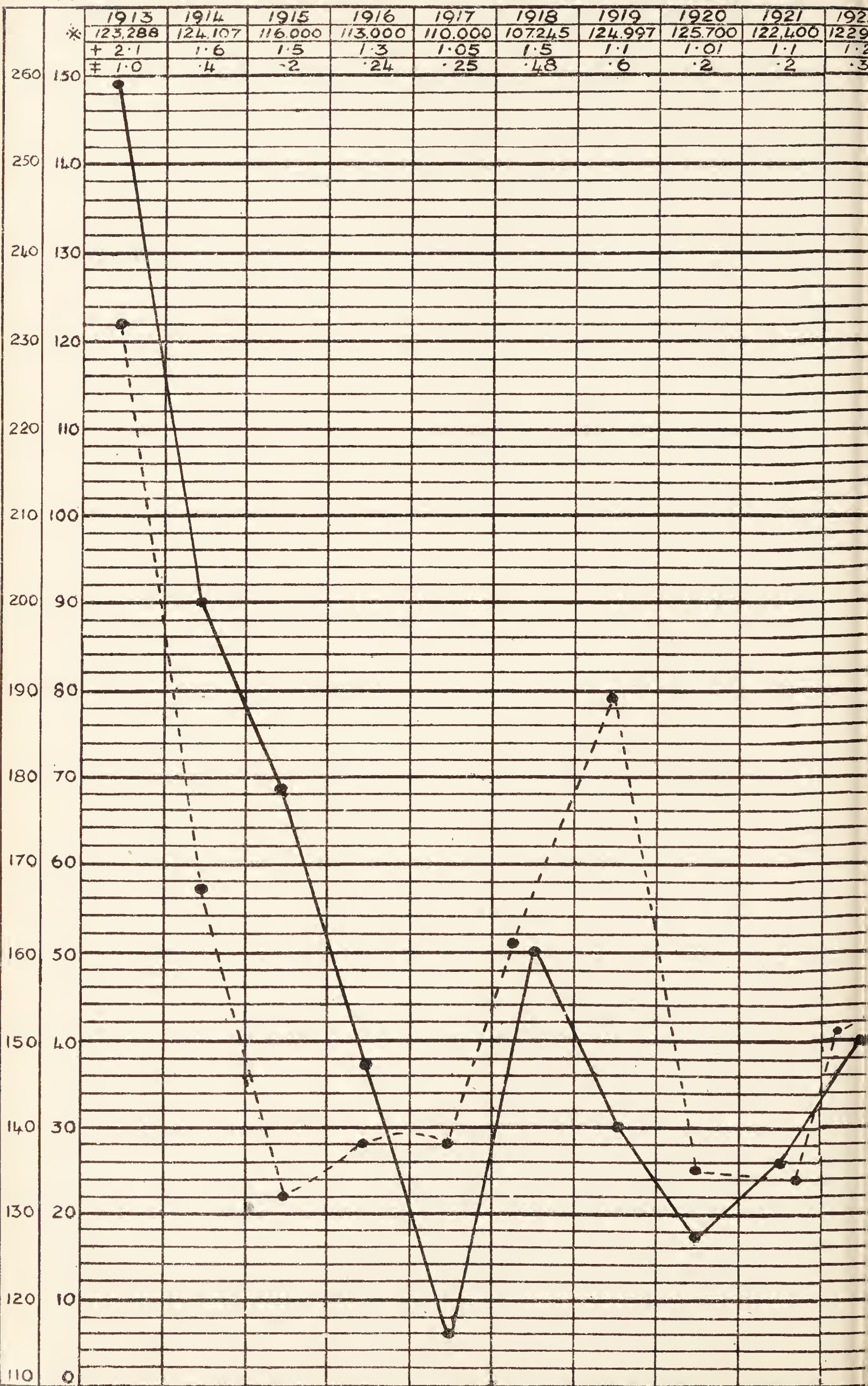
RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS—Continued.

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.												GRAND TOTALS	
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.				Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Bones and Joints.	Quiescent ...	1	1	—	—	—	—	—	—	—	1	1	4	8	
	Not quiescent	1	2	3	—	1	—	—	—	—	—	—	—	4	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	3	
Abdominal.	Quiescent ...	—	—	—	—	—	—	1	—	—	—	—	—	1	
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	3	
	Not quiescent	—	2	—	—	1	—	—	—	—	—	—	—	3	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peripheral glands.	Quiescent ...	—	1	2	—	—	—	—	—	—	—	—	—	3	
	Not quiescent	—	1	8	—	—	—	—	—	—	—	—	—	9	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	

PUL.
NON-PUL.

—●— Pulmonary
- - -●- - - Non-Pulmonary

TUBERCULOSIS



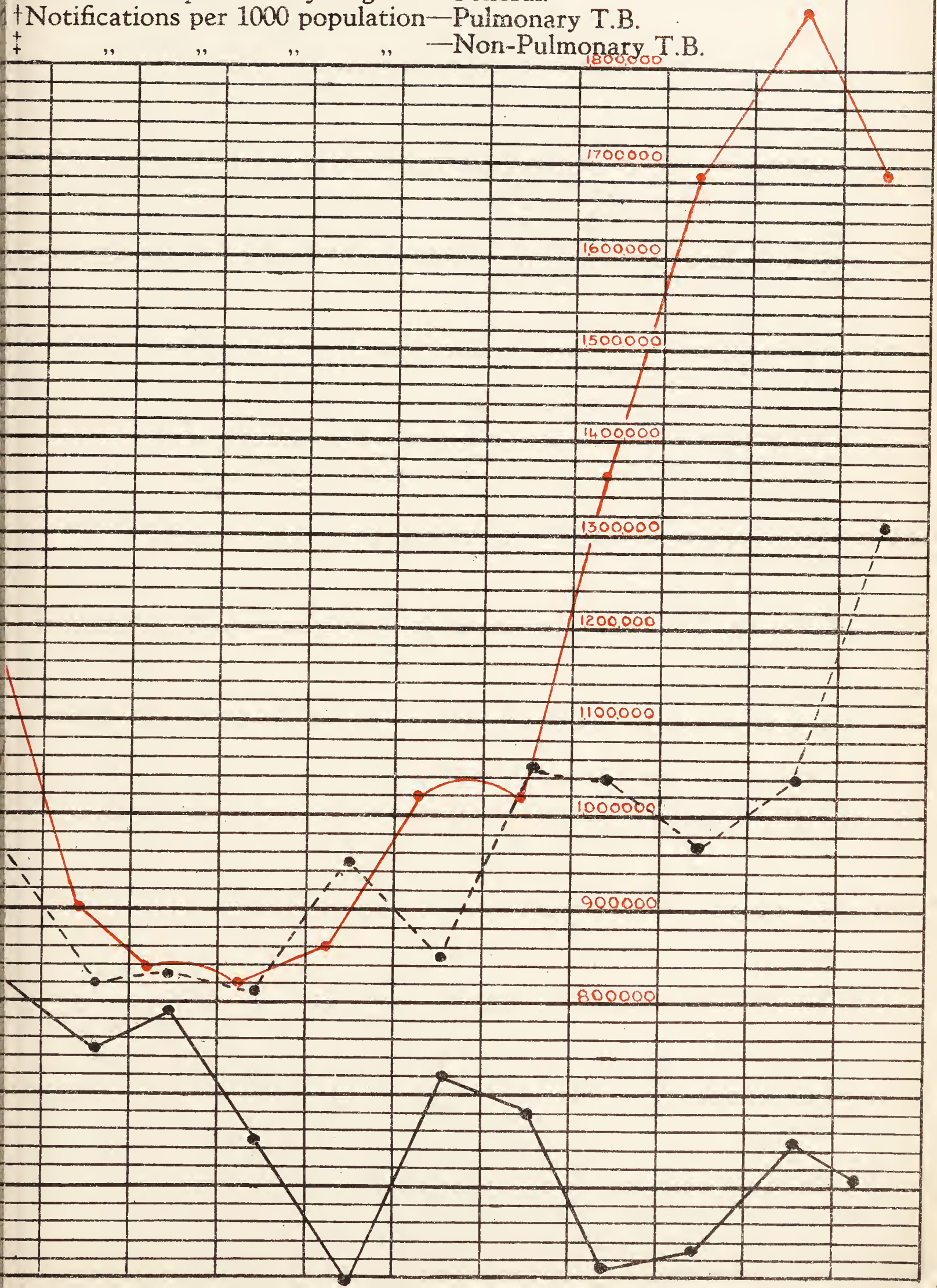
NOTIFICATIONS.

Approximate Number of Working Days Lost (Due to Unemployment.)

1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
123600	123900	124000	123500	124600	124700	124900	124900	126100	126600	126100
1.1	1.09	1.1	1.01	.87	1.05	1.02	.9	.9	.98	.95
58	.26	.27	.25	.36	.28	.44	.43	.37	.42	.64

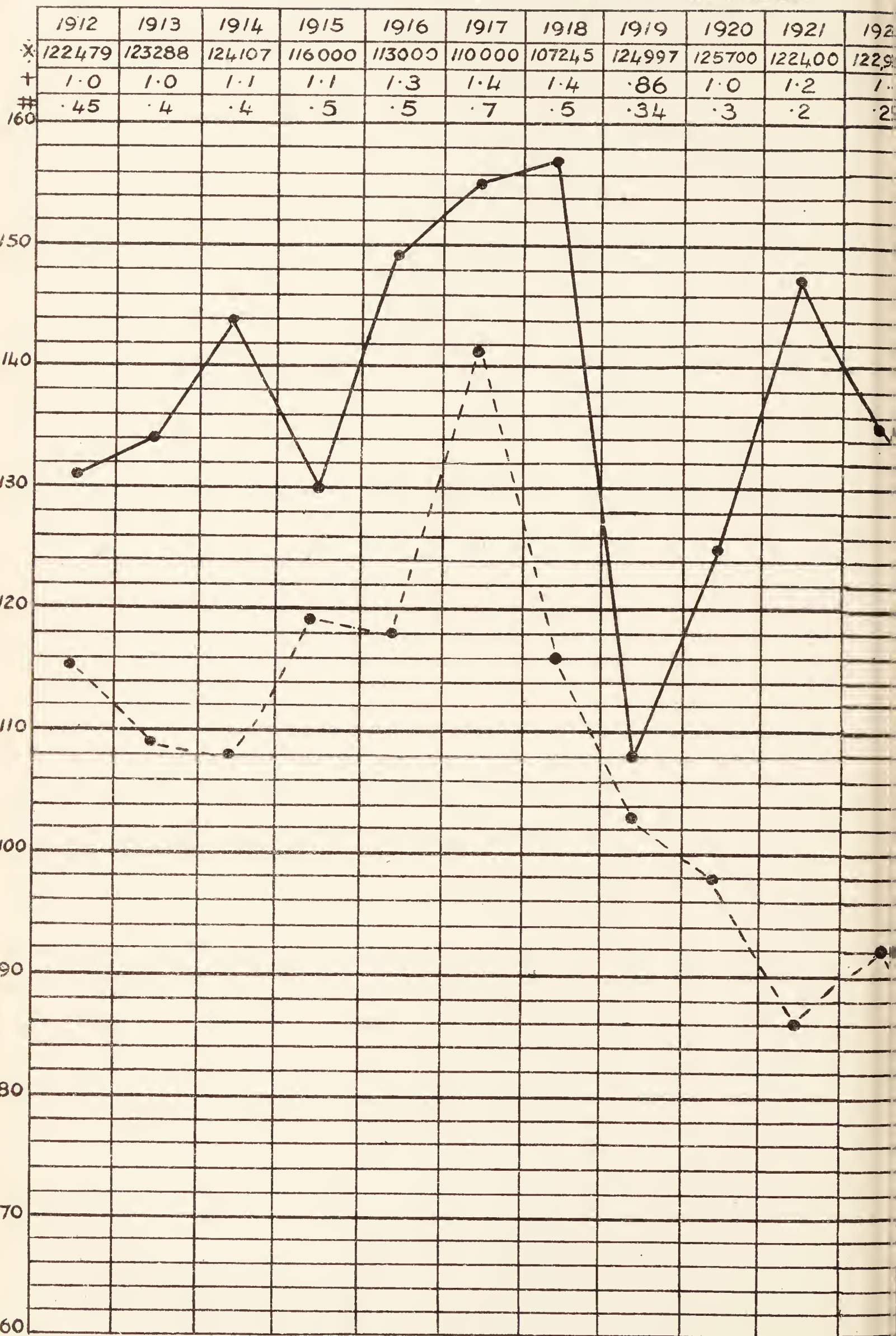
N.B.—The Chart shews only those cases which were notified under the Tuberculosis Regulations, 1912. Cases which came to our notice through the death returns, etc., are not included.

*Estimated Population by Registrar General.
† Notifications per 1000 population—Pulmonary T.B.
‡ " " " " —Non-Pulmonary T.B.



PULMONARY.

TUBERCULOSIS DEATHS



& DEATH RATES

-----●----- NON PULMONARY

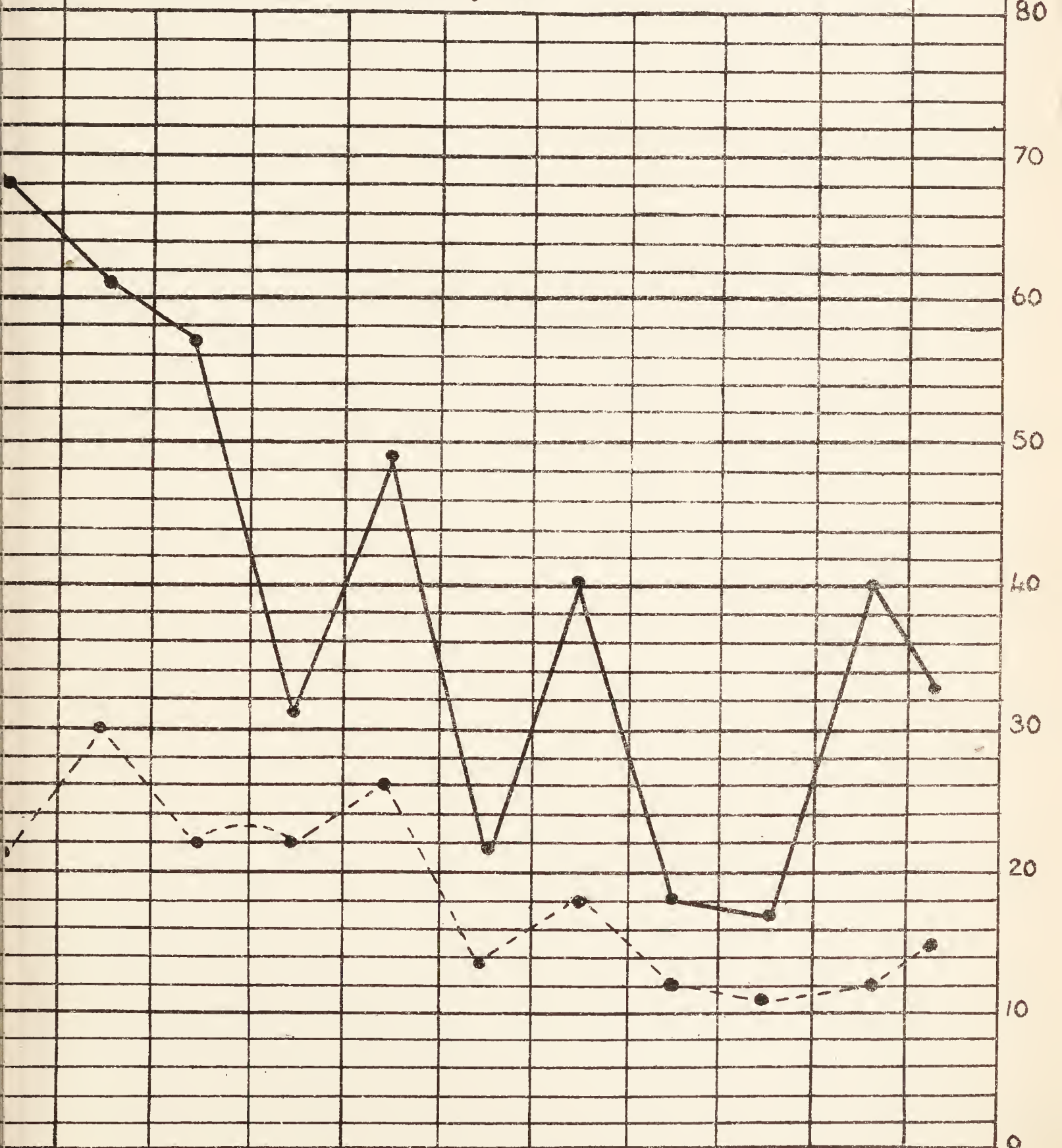
1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
123,600	123,900	124,000	123,500	124,600	124,700	124,900	124,900	126,100	126,600	126,100
·03	·98	·94	·73	·87	·65	·80	·62	·61	·79	·73
17	·24	·18	·18	·2	·10	·14	·09	·08	·09	·11

*Estimated Population by Registrar General.

†Death Rate per 1000 Population—Pulmonary T.B.

" " " " Non-Pulmonary T.B.

The figures on left hand side of Chart relate to Pulmonary Cases only and those on right hand side relate to Non-Pulmonary cases.



WELFARE OF THE BLIND.

BLIND PERSONS ACT, 1920.

REPORT FOR YEAR ENDED 31st MARCH, 1934.

MEMBERS OF THE HEALTH (SUB) COMMITTEE RE BLIND PERSONS WELFARE.

Chairman - Mr. Councillor E. B. BLAKE, J.P.
Vice-Chairman - Mr. Councillor T. GLOVER, C.B.E., J.P.
 Miss Alderman M. M. Clarkson, R. C. Fanthorpe, Esq., *Superintendent and Secretary of the Norwich Institution for the Blind.*
 C.B.E., J.P.
 Mrs. Councillor L. F. Hancock,
 Mrs. Councillor A. M. Witard,
 Messrs. G. W. H. Wright and
 J. Brighty, *Representatives of Blind Persons.*

Statistics.

No. of Blind Persons on Register on 1st April, 1933	...	357
„ „ „ Registered during the year...	...	43
„ „ „ removed from the Register...	...	29
„ „ „ on Register on 31st March, 1934	...	*371

*This number consists of 180 males and 191 females.

			Males.	Females.	Total.
In Norwich Institution for the Blind					
(Home Department)	...	...	5	5	10
In the Public Assistance Institution	...		6	9	15
In Mental Institutions	...	...	3	—	3
At the East Anglian School for Blind					
and Deaf Children	...	...	6	3	9
Under Training	...	...	10	5	15
Employed	...	...	24	3	27
Other Registered Cases	...	...	126	166	292
			<hr/>	<hr/>	<hr/>
Totals	...		180	191	371
			<hr/>	<hr/>	<hr/>

The Number of persons on the observation register on the 31st March, 1934, was 170.

70 new cases were examined, 36 of whom were certified "Blind"; 11 cases on the observation register were re-examined, 4 of whom were certified "Blind", and 3 blind persons transferred from other districts were registered, making a total of 43 persons.

registered during the year. 7 registered blind persons whose degrees of vision were doubtful were examined, and 4 were certified "Not Blind."

25 Blind persons died; 4 registered persons were de-certified as stated above, and their names transferred to the observation register.

Employment.

The number of Blind persons employed was 27—24 males and 3 females.

The classes of employment were as follows:—

Males.

Employed at Basket Work	...	...	8
„ „ Boot Repairing	...	...	1
„ as Carpenter	...	...	1
„ „ Home Teacher...	...	...	1
„ „ Masseur	...	...	1
„ „ Matmakers	...	...	8
„ „ Piano Tuners	...	...	2
„ „ Pianist (part-time)	...	...	1
„ „ Cinema Organist	...	...	1
			—
			24
			—

One piano tuner also does a little wireless repairing and accumulator charging.

Females.

Employed as a Machine Knitter	...	...	1
„ „ Teacher of French	...	...	1
„ „ Music Teacher	...	...	1
			— 3
			—
Total	...	...	27
			—

Of these persons 12 males and 1 female were employed at the Norwich Institution for the Blind; 6 males were working at home under the supervision of St. Dunstan's, and 6 males and 2 females were employed elsewhere.

Training.

The number of persons in training was 15 (10 males and 5 females), being under training at the following places:—

	Males.	Females.	Total.
Norwich Institution for the Blind (non-resident)	8	5	13
Leatherhead Blind Institution (resident)	1	—	1
Articled to a Solicitor in Norwich ...	1	—	1
	—	—	—
Totals ...	10	5	15
	—	—	—

The person articled to a Solicitor in this City is not being assisted in his training by the Council, but receives an allowance towards his maintenance.

9 children (6 boys and 3 girls) are being educated and maintained at the East Anglian School for Blind and Deaf Children at Gorleston. 1 boy attends no school owing to mental and physical defects.

Finance.

Under Section 102 (1) of the Local Government Act, 1929, the Ministry of Health set out statements of certain fixed sums which are to be paid by the Local Authority to Voluntary Associations for the Blind, in place of the grant formerly paid by the Ministry of Health to these Associations direct, and the contributions made by Local Authorities. The first scheme of payments ended on the 31st March, 1933, and a revised statement of sums to be paid for the four years ended 31st March, 1937, has been prepared. Under this scheme fixed annual sums have been agreed upon, which are payable to Associations as follows:—

	£	s.	d.
Eastern Counties' Association for the Blind ...	47	0	0
National Library for the Blind	19	0	0
National Institute for the Blind	58	0	0

The annual sum of £1080 has been fixed as the amount payable to the Norwich Institution for the Blind, but this amount is liable to vary in accordance with the number of blind persons attached to that Institution who are registered as Norwich cases. This sum is based upon the payment of the following annual sums per person, according to the department of the Institution to which they are allocated:—

	£	s.	d.
Journeymen	65	0	0
Home Inmates—			
Registered Norwich cases who are in receipt of a Blind Pension ...	49	8	0
Registered Norwich cases who are not eligible for a Blind Pension ...	56	16	0
Persons in the Home Department previous to 1920, but who came from other areas	13	0	0

The following sums were actually paid during the year to these Associations or Institutions :—

	£	s.	d.
Norwich Institution for the Blind ...	1083	1	6
Eastern Counties' Association for the Blind	47	0	0
National Library for the Blind ...	19	0	0
National Institute for the Blind ...	58	0	0
Total	£1207	1	6

Relief is still granted to unemployable and necessitous Blind persons so as to make their incomes up to 27/6d. per week, and during the year, £10,335 13s. 10d. was paid out by the Council to a weekly average number of 264 persons. On the 31st March, 1934, 265 blind persons were in receipt of allowances.

Home Teachers.

The Home Teachers paid 4,761 visits during the year. They instructed and assisted those persons desirous and capable of receiving instruction in Handicraft, Braille and Moon, whilst for others the sighted Home Teacher assisted them with their correspondence and private business matters.

The following lessons in Handicrafts, Braille and Moon were given :—

Braille	162	Raffia Work ...	42
Moon	89	Pulp Cane ...	53
Seagrass	32	Manual Alphabet ...	6
String Bag	50	Pouchettes ...	44
Straw Bag	50		
Chair Caning	39		567

The Home Teachers conducted an informal class in Handicrafts at Churchman House on one half day each week. About 6 persons attended these classes regularly.

Social Arrangements.

Monthly "socials" were held throughout the year with the exception of August, and were much appreciated. The average attendance at each "social" was 82 blind persons, and 24 persons acting as guides. At these "socials" we are very much indebted to the Concert Parties and other artists who gave their time for the enjoyment of the blind people, and to the voluntary helpers, especially to the members of Toc H, and some members of the Office Staff.

£49 18s. 7d. has been very generously provided by the Committee of the Norwich Institution for the Blind for the social side of the welfare of blind persons.

On Thursday, July 13th, 1933, the Norwich Rotary Club arranged their annual outing for the Blind. 215 blind persons were conveyed to Sennowe Park, where tea was provided through the kindness of Mr. and Mrs. T. Cook.

Wireless Sets, etc.

Since the inauguration of the British "Wireless for the Blind" Fund, 24 one-valve, 106 two-valve, and 39 three-valve wireless sets have been provided for blind persons in Norwich. Of this number, 19 one-valve, 82 two-valve, and 29 three-valve sets are at present in use.

The Rotarians still maintain a wireless centre for the blind at the Y.M.C.A. Rooms, St. Giles' Street, and the use of this centre is much appreciated by several blind persons.

Blind persons are responsible for the up-keep of the sets loaned to them, and to assist them in this matter, batteries and other accessories can be purchased by them, through the Health Department, from the British "Wireless for the Blind" Fund, at reduced prices. Arrangements exist whereby the Council purchases a battery from the Fund for a blind person on request, and the person is allowed to pay the cost to the Council by weekly instalments of at least 1/-

The Committee of the Norwich Institution for the Blind has on one or two occasions provided the money for the purchase of batteries in special cases.

A Gramophone was also provided through the kindness of a member of that Committee for use by a blind person, in place of a wireless set.

Dentures.

The Committee provided dentures to 2 persons free or at part cost.

Prevention of Blindness.

Under Section 66 of the Public Health Act, 1925, the Committee contributed towards the cost of glasses for 1 person who was re-examined and certified "Not Blind."

